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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED	
Apr 23 1997 8:00ar Secretary of State	
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DOCUMENT # P25609 1. Corporation Name AZTEC FINANCIAL ENTERPRISES INC.  Principal Place of Business WICKHAMS CAY ROAD TOWN, TORTOLA, B.V.I. BRITISH VIRGIN ISLANDS  (9)  Mailing Address 8135 NW 93RD STREET ROAD TOWN MEDLEY FL 33166-2029 US				3. Date Incorporated or Qualified Sa. Date of Last Report			
***				08/11/1989	09/09/1996		
1	Place of Business	26. Mailing Address	0 93° 57	4. FEI Number NOT APPLICABLE	<del></del>	Applied For Not Applicable	
L Suite, Ap	d ≢, elc.	Suite, Apt. #, etc.			60 75	Additional	
]		27		5. Certificate of Status Desired	1 1	Required	
City & St	ate	City & State	FlociDa	6. Election Campaign Financing		May Be	
Zip	Country	28 MeDley	Country	Trust Fund Contribution		d to Fees	
]	25		30 U.S. 1	This corporation has liability for Florida Statutes	intangible tax under ☑ Yes  ☐ No	s. 199.032,	
J	9. Name and Address of Curre			10. Name and Address of New Re			
1. Pursuar office or agent I	It to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	502 and 607.1508, Florida Statut to of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the prior ion's board of directors. I hereby acceptions	purpose of changing	c Code its registered as registered	
GNATURE			E: Registered Agent signature requir		DATE		
2.	OFFICERS A						
	יו פח	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
uf Me Heft address		ND DIRECTORS  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO		
ME HELLADORES: IY-S*-712	ORESTES, VIDAN		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC		Addition	
ME BELLADORESS IY-S*-7IP LE	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ	☐ DELETE	1.1 Title 1.2 Name 1.3 Street Address 1.4 City-St-Zip	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition	
ME BEET ALIGHESS IY - SY - ZIP LE ME	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ AVE VELAZOO ASTETE 1498	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition	
ME Y - S* - ZIP LE ME REET ADDRÉSS Y - ST - ZIP	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ	□ DELETE □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition	
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ME EET ALORESS Y-SY-ZIP EE ME MEET ADORESS Y-SI-ZIP LE ME	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ AVE VELAZOO ASTETE 1496 DISTRITO SURGO LIMA PE	□ DELETE □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition	
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ME TELL ALDRESS Y SY ZIP  E ME MET ADDRESS Y ST ZIP  E ME	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ AVE VELAZOO ASTETE 1496 DISTRITO SURGO LIMA PE	□ DELETE □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition  Addition	
ME FEEL ADDRESS IY - SY - ZIP LE ME REEL ADDRESS IY - ST - ZIP LE ME REEL ADDRESS IY - ST - ZIP LE ME REEL ADDRESS IY - ST - ZIP LE ME ME ME ME	ORESTES, VIDAN 10325 SW 87 COURT MIAMI FL PD MAUTILIO, MARQUEZ AVE VELAZOO ASTETE 1496 DISTRITO SURGO LIMA PE	DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFIC	☐ Change☐ Change☐ Change	Addition  Addition	
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I. I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact your with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

04/18/97

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