FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

DOCUMENT # P9200006381 (7) C.D.B. ENTERPRISES, INC. Principal Place of Business Mailing Address 20610 DOTHAN RD 20610 DOTHAN RD MIAMI FL 33189 MIAMI FL 33189 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/20/1992</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 65-0375024 26 Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 CORPCO INC 2699 S BAY SHORE DR Street Address (P.O. Box Number is Not Acceptable) 82 7TH FLOOR 83 **MIAMI FL 33133** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or protect name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELE 1E Change ___ Addition 1.1 TITLE TITLE BURNETTE, DIANE E 12 NAME NAME 20610 DOTHAN RD. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33189** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DFLETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify 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 receipt of the terminal 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 receipt of the terminal annual report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes.

SIGNATURE:

305-253-6878

FILED