

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010949 (5)

Corporation Name

ENB SUB CORPORATION



Principal Place of Business

1550 BISCAYNE BLVD.
MIAMI FL 33132

Mailing Address

1550 BISCAYNE BLVD.
MIAMI FL 33132

3. Date Incorporated or Qualified
12/09/1992

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0391689

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election of S-Corporation Status

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CROFT, VICKI
1550 BISCAYNE BLVD
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CROFT, VICKI
1550 BISCAYNE BLVD
MIAMI FL 33132

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPC
TOBON, CLEMENCIA DE
1550 BISCAYNE BLVD
MIAMI FL 33132

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
FERNANDEZ, JESUS
1550 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33132

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
URIBE, EDWARD
1550 BISCAYNE BLVD
MIAMI FL 33132

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DPC
JUSTO, MARIA L.
1550 BISCAYNE BOULEVARD
MIAMI, FL 33132

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DPC
CABRERA-TEKSE, ADA
1550 BISCAYNE BOULEVARD
MIAMI, FL 33132

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

700001819057
-05/13/96--01055--035

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

***200.00

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

Maria L. Justo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96

(305) 358-5300

Date

Daytime Phone #

5-1-96