

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

ANNUAL REPORT
1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FCS 29 PM 4:14

DOCUMENT # P92000013419 (6)

MACH III ENTERPRISES, INC.

Name or Place of Business 8806 SW 130TH CT MIAMI FL 33186		Name or Address 8806 SW 130TH CT MIAMI FL 33186	
		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26	
State, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent FLOR, DAVID 8806 SW 130TH CT MIAMI FL 33186		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 officer 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:

David Flor

2/21/95

DATE

NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
121	D FLOR, DAVID 8806 SW 130TH CT MIAMI FL 33186	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
122	NAME Title/Address City/Zip	12 NAME	
123		13 STREET ADDRESS	
124		14 CITY ST-ZIP	
125		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
126		22 NAME	
127		23 STREET ADDRESS	
128		24 CITY ST-ZIP	
129		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
130		32 NAME	
131		33 STREET ADDRESS	
132		34 CITY ST-ZIP	
133		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
134		42 NAME	
135		43 STREET ADDRESS	
136		44 CITY ST-ZIP	
137		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
138		52 NAME	
139		53 STREET ADDRESS	
140		54 CITY ST-ZIP	
141		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Added
142		62 NAME	
143		63 STREET ADDRESS	
144		64 CITY ST-ZIP	

14. I declare by oath that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 on Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

David Flor

2/21/95 305-383-1995

Date

File Date