

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # P92000013419 (6)

1. Corporation Name

MACH III ENTERPRISES, INC.

Principal Place of Business

6820 SW 45 LANE
APT. 8
MIAMI FL 33155
US

Mailing Address

6820 SW 45 LANE
APT. 8
MIAMI FL 33155-6821
US

3. Date Incorporated or Qualified
12/22/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0376351

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

☐ Yes ☒ No

2. Principal Place of Business

21 8107 SW 72 Avenue

Suite, Apt. #, etc.

22 Apt 313E

City & State

23 Miami, Florida

Zip

24 33143

Country

25 US

2a. Mailing Address

26 8107 SW 72 Avenue

Suite, Apt. #, etc.

27 Apt 313E

City & State

28 Miami, Florida

Zip

29 33143

Country

30 US

9. Name and Address of Current Registered Agent

FLOR, DAVID
6820 SW 45 LANE
APT. 8
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Flor, David

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

8107 SW 72 Avenue

83

Apt 313E

84

City
MIAMI, FL

FL

85 Zip Code

33143

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME FLOR, DAVID
STREET ADDRESS 6820 SW 45 LANE #8
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

D
NAME FLOR, DAVID
12 NAME
13 STREET ADDRESS 8107 SW 72 AVE, #313E
14 CITY - ST - ZIP MIAMI, FL 33143

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FLOR President

1/16/97 305-667-7344

Date

Daytime Phone #

0000118

CR2E034 (9/96)