

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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000013419 (6)

1. Corporation Name
MACH III ENTERPRISES, INC.



Principal Place of Business Mailing Address
6820 SW 45 LANE **6820 SW 45 LANE**
APT. 8 **APT. 8**
MIAMI FL 33155 **MIAMI FL 33155-6821**
US **US**

3. Date Incorporated or Qualified **12/22/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **8107 SW 72 Avenue** 26 **8107 SW 72 Avenue**

4. FEI Number **65-0376351** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Apt 313E** 27 **Apt 313E**

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
 23 **Miami, Florida** 28 **Miami, Florida**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
 24 **33143** 25 **US** 29 **33143** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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** 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: DATE: **1/16/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	D FLOR, DAVID
STREET ADDRESS	6820 SW 45 LANE #8
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D FLOR, DAVID
1.3 STREET ADDRESS	8107 SW 72 AVE, #313E
1.4 CITY - ST - ZIP	MIAMI, FL 33143
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: DATE: **1/16/97** 305-667-7344

CR2E034 (9/96)