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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POSOCO17268

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90021 015 ***150.00

 Corporatio 	r enterprises, inc.	Mailing Address							
9280 CARLYLE AVE. 9720 PINES BLVD									
SURFSIDE FL 33154 PEMBROKE PINES FL 33024-6			3024-6228			DO NOT WRITE IN THI	SSPACE		
		US				3. Date Incorporated or Qualifed	JOFACE		}
						03/08/1993			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For	١.
21		26				65-0392966	N	ot Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	·
22		27						equired	-
City & Stat	te	City & State				6. Election Campaign Financing		May Be to Fees	
23	Country	Zip	Cour	ntn/		Trust Fund Contribution 8. This corporation owes the current year In		to rees	
Zip	25 Country	29	30	i iti y		Personal Property Tax.	X Yes	□No	
24	9. Name and Address of Currer					10. Name and Address of New Registered	Agent		
		:		81	Name			· · · · · · · · · · · · · · · · · · ·	
	LLA, EMILIO		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
9280 CARLYLE AVE. SURFSIDE FL 33154						V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 4 44.54	
				83		TTT 14公司公司 (14) (14) (14) (14) (14)			
			ŀ	84	City		85 Zip	Code	1
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11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Sta of Florida. Such change wa:	itutes, the at s authorized	bove I by t	-named corpo the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment as r	egistered	
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Statu	utes.		•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registered	Agent	t signature required	when reinstating) DATE			١.
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DPT	☐ DELETE	1.1 TIT	ΠE		A TOTAL TOTAL TOTAL	Change	☐ Addition	
NAME	STELLA, ELILIO		1.2 NA	ME		•			
STREET ADDRESS			1.3 ST	REET	ADDRESS	,	•		ł
CITY-ST-ZIP	SURFSIDE FL 33154		1.4 CiT		-ZIP			T & delision	ł
TITLE	DS	☐ DELETE	2.1 TIT				☐ Change	Addition	
NAME	STELLA, REBECCA		2.2 NA	ME					
STREET ADDRESS	9280 CARLYLE AVE.								
CITY-ST-ZIP	ALIBEAUSE EL AGASA		4		ADDRESS				ļ
TITLE	SURFSIDE FL 33154		2. 4 CI	ITY-S1	\ \		Change	□ Addition	
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		DELETE	2. 4 CI 3.1 TIT 3.2 NA	ITY-SI TLE AME	T-ZIP				-
STREET ADDRESS		DELETE	2. 4 CI 3.1 TIT 3.2 NA 3.3 STI	ITY-SI TLE NME TREET	T-ZIP ADDRESS				_
CITY-ST-ZIP			2. 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI	ITY-SI TLE AME TREET	T-ZIP ADDRESS			11 / 1131 3 / 1131	-
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2. 4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA	ITY-SI TLE REET ITY-SI TLE AME REET TY-SI TLE AME	ADDRESS T. ZIP ADDRESS -ZIP ADDRESS		☐ Change	'Addition	
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14. I 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, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REBECCA STELLA

1/16/99

305-864-4561