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

DOCUMENT # P93000019589 (9)

BT ENTERPRISES OF MIAMI, INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



6281 S.W. 251H ST MIAMI FL 33155	,	MIAMI FL 33155-3052					
				3. Date Incorporated or Qualified 03/16/1993	3a. Date of Last Rep 02/27/1996	port	
2, Principal Place	of Business	2a. Mailing Address	1-010	4. FEI Number	App	lied For	
21 6700	SW 115 ST	26 P.O. 50	1557488	65-0397899	Not	Applicable	
Suite, Apt. #, 61	lG	Suite, Apt. #, etc.	····	5. Certificate of Status Desired	S8.75 Ac Fee Req		
City & State 23 M/A //	7/	28 2011 Am /	F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
Zip /=/	Country 25 33/56		30 DAde	Fiorida Statutes	Yes 🛣 No	199.032,	
	. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent		
), Lourdes		81 Name	·		ļ	
6281 S.W. 25TH ST. Miami Fl 33155			82 Street Ad 670	6700 SW 1/557			
			83 m/	AM!		- i	
			84 City		FL 85 Zp Co	737	
office or regis agent. I am fa SIGNATURE	tered agent, or both, in the thrite miliar with, and accept the orbital	Herida. Such change was a light of 17.0505, Flor	uthorized by the corpor rida Statutes. Registered Agent signature rec	proporation submits this statement for the pration's board of directors. I hereby acceptained when reinstating)	the appointment as re	gistered	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12	
int D		DELETE	1.1 TITLE		Change	Addition	
NAME TA	AMAYO, LOURDES		1.2 NAME				
STREET ADDRESS 62	281 S.W. 25TH ST.		1.3 STREET ADDRESS				
CITY - ST - ZIP M	IAMI FL 33155		1.4 CITY - ST - ZIP			1	
TITLE D		☐ DELETE	2.1 TITLE		☐ Change	Addition	
	AMAYO, ROBERT J		2.2 NAME				
	281 S.W. 25TH ST.		2.3 STREET ADDRESS	· ·	C.		
CITY-SI-ZIP M	IAMI FL 33155		2. 4 CITY-ST-ZIP	·			
TITLE		☐ DELETE	3.1 TITLE	•	Change	Addition	
NAME			3.2 NAME			}	
STREET ADDRESS			3.3 STREET ADDRESS				
City St - ZiP			3.4. CITY - ST - ZIP				
FILE		☐ DELETE	4.1 TITLE	•	☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	·			
City - St - 7iP			4.4 City-St-ZiP	****	······································		
Till (E		L DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5 2 NAME			j	
STREET ADDRESS			5 3 STREET ADDRESS				
C:TY-SI-7IF			5.4 CiTY-ST-ZiP				
TITLE		DELETE	61 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14 Lag bereby of	ortify that the information cumplied	with this filing does not qualify		ted in Section 119 07/3Vi). Florida Statute	e. I further certify that th		

Too 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 of Block 12

860-0060