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 # P93000037023 (7)

FORTREX ENTERPRISES, INC.

Principal Place of Business 42240 CW 44TH IN #1206

Mailing Address

12249 SW 14TH IN #1206

FILED May 12 1997 8:00am Secretary of State



22 27 5. Certificate of Status Desired Fee	Applied For Not Applicable 5 Additional a Required 00 May Be led to Fees er s. 199.032,
21	Not Applicable 5 Additional a Required 00 May Be led to Fees er s. 199.032,
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5 Additional a Required 00 May Be led to Fees er s. 199.032,
22 27 City & State City & St	DO May Be led to Fees er s. 199.032,
City & State City & State City & State City & State Trust Fund Contribution Add	led to Fees er s. 199.032,
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under Florida Statutes	
FLOR, DAVID 12249 SW 14TH LN \$1206 MIAMI FL 33184 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DELETE 1.1 TITLE D (KNOTE: Registered Agent signature required when reinstating) DATE 1.2 OFFICERS AND DIRECTORS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.4 CITY-ST-ZIP MILE DELETE 1.1 TITLE DELETE 1.2 NAME STREET ADDRESS DITY-ST-ZIP MILE DELETE 2.1 TITLE Chan AME STREET ADDRESS STREET ADDRESS	
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I have been provided the supplied will the study does not quality 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 trystes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE: