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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000045118 (5)**

1. Corporation Name
ENHANCE DIGITAL INDUSTRY, INC.

Principal Place of Business	Mailing Address
2960 NW 72ND AVE MIAMI FL 33122 US	2960 NW 72ND AVE MIAMI FL 33122-1312 US

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25
2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: **65-0420598** ☐ 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

9. Name and Address of Current Registered Agent

BONILLA, GERSON H
6125 SW 147 PL
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE: P	☒ Change ☐ Addition
NAME: BONILLA, GERSON H		1.2 NAME: Bonilla, Gerson H.	
STREET ADDRESS: 6125 SW 147 PL		1.3 STREET ADDRESS: 6125 SW 147 PL.	
CITY-ST-ZIP: MIAMI FL 33193		1.4 CITY-ST-ZIP: Miami fl. 33193	
TITLE: D	☐ DELETE	2.1 TITLE: V	☒ Change ☐ Addition
NAME: LIN, HUA Y		2.2 NAME: LIN, Hua Y.	
STREET ADDRESS: 4678 NW 97 PLACE		2.3 STREET ADDRESS: 4678 N.W. 97 Place	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: Miami fl.	
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:	
TITLE:	☐ DELETE	4.1 TITLE:	☐ Change ☐ Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

CR2E034 (9/96)

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 above, or on an attachment with an address.

SIGNATURE: A Bonilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97
Date

(305) 477-2737
Daytime Phone #

0162972