SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



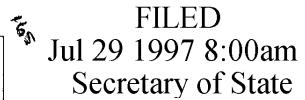
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000046217 (4)

ESTEVEZ ENTERPRISES, INC.



Principal	Place of	f Business		Mai	iling Address						
5720 SW 128TH ST. MIAMI FL 33156				5720 SW 128TH ST. MIAMI FL 33156			DO NOT WRITE IN THIS SPACE				
<u> </u>							÷	3. Date Incorporated or 0	Qualified	3a. Date of Last	Report
								06/30/1993		06/27/1996	3
		e of Busine	4	——————————————————————————————————————	Mailing Address	ahai		4. FEI Number		 	Applied For
	Apt. #, 6		bove	26	SAME Suite, Apt. #, etc.	abou	<u>e.</u>	65-0421444			lot Applicable
22	ηρι. « , ε			27	ouile, Apt. #, etc.	:		5. Certificate of Status De	esired (Additional Required
City & 23	State			28	City & State			Election Campaign Fin Trust Fund Contributio	٠,		May Be
Zip	<u> </u>		Country		Zip	Country	/	8. This corporation owes	······································		
24			25	29		30		Personal Property Tax			□ No
			and Address of	Current Registe	ered Agent	01		10. Name and Address o	f New Regi	stered Agent	
		æz, ulis				81	Name				
		SW 12811 FL 3315				82	Street A	ddress (P.O. Box Number is Not	Acceptable)	
	MINAMI	FE 3313	U			83					
						84	City			85 Zip	Code
11. Pursi	ent to t	he provisio	nos of Sections 6	07 0502 and 60	7 1508 Florida Stat	ites the show	e-named (corporation submits this statemen	ot for the our	roce of changing	ite registered
l office	or regit	ste red age	ent, or both, in the	a State of Florida	a. Such change was Section 607.0505, I	s authorized by	y the corp	oration's board of directors. I her	eby accept	the appointment a	s registered
		COLUMNIC AND	n, and accept the	obligations of,	Section Con. USUS, 1	FIUNUA SIAIUIBI	5.				
I SIGNATU											
	Sign	nature, typed o	x printed name of regis	lered agent and title if	applicable (No	OTE: Registered Age	ent signature r	equired when reinstating)		DATE	
12.				lered agent and title if RS AND DIRECT	TORS	OTE: Registered Age	ent signature r	equired when reinstating) ADDITIONS/CHANGES	TO OFFICE	RS AND DIRECTO	
TITLE		PD	OFFICE			13. 1.1 TITLE	ent signature r		TO OFFICE		RS IN 12
TITLE NAME		PD ESTEVEZ	OFFICE		TORS	13. 1.1 TITLE 1.2 NAME			TO OFFICE	RS AND DIRECTO	
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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.