FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055020 (0)

CED ENTERPRISES, INC.

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						Eribi Billi Sülf	11 4 4 4 411 118 1		
10352 CRYS ORLANDO FI US	TAL POINT DR L 32825	PO BOX 621694 ORLANDO FL 32962-1694				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
6 Dianian D	lace of Business	Take was somewhaterer				08/05/1993			
	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For		
Suite, Apt.	# alc	Suite, Apt #, etc.				59-3194528		lot Applicable	
22 City & State		27 City & State				5. Certificate of Status Desired	Fee Required		
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country			,	8. This corporation owes or has paid the current year Intangible			
24	├		30	0		Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curre	nt Registered Agent		Ι		10. Name and Address of New Registere	d Agent		
TH	IE LAW FIRM LAWRENCE J SPI	EGEL. CHARTERED		81	Name				
343 ALMERIA AVE				82	Street A	ddress (P.O. Box Number is Not Acceptable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DRAL GABLES FL 33134			83		Contract (To Low Halling)			
				84	City		0E 7:c	Code	
				1	,	F			
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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of regelered ag	pert and the if applicable	NOTE: Registere	d Age	ent signature re	equired when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	Р	☐ DELETE	1.1 T	1TLE			Change	☐ Addition	
RAME	DIAZ, CARLOS E.		1.2 N	AME					
STREET ADDRESS	PO BOX 621694 NA		1.3 S	TREET	ADDRESS				
CITY - ST - ZIP	ORLANDO FL 94			1.4 CITY - ST - ZIP		<u> </u>			
TITLE		DELETE		2.1 TITLE			Change	Addition	
NAME			2.2 N					,	
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP		Driese			ST-ZIP		Dhan	Addition	
TITLE		☐ DETEAE	3.1 7				L] Change		
NAME OTOTEL ADDRESS			3.2 N		1000555				
STREET ADDRESS					ADDRESS			ŀ	
CITY-ST-ZIP TITLE	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition	
NAME		_ out		NAME			onungo	110010011	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					IT-ZIP				
TITLE		DELETE	9.9 U		71.57		Change	Addition	
NAME			5.2 N						
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP									
TITLE	DELETE			5.4 CITY - ST - ZIP 6.1 TITLE			☐ Change	Addition	
NAME			6.2 N				•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S					
	pertify that the information supplied v	with this filing does not quali				in Section 119.07(3)(i), Florida Statutes. I further	certify that th	e Information	

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 or Block 13 if changed, or on an attachment with an address.