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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # P9300 EN PROPERTIES, INC.	0086718 (2))				
Principal Place of Business Mailing Address					1 100110011 110 101001 11111 00111 00111 00111 00103 101	IQ QARA 10301 11001 1011 IQ	
2655 LE JEUNE ROAD STE. 1107 CORAL GABLES FL 33134		2655 LE JEUNE ROAD STE. 1107 CORAL GABLES FL 33134		DO NOT WRITE IN THIS	SPACE		
	:		- •		3. Date incorporated or Qualified		
					12/20/1993		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
1		26			65-0455337	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 2 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zìp 4	Country 25	Zip Country 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
MIR, HECTOR J				81 Name			
2655 LE JEUNE ROAD STE. 1107			83	82 Street Address (P.O. Box Number is Not Acceptable)			
			02				
CORAL GABLES FL 33134			83	3			
			84	City	FL	85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obtion	e of Florida. Such change was	authorized to	by the cor	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appropriate the purpose of the purpo	f changing its registered pointment as registered	
SIGNATURE	Paris I	A)C	Ne Budah				
Bignature, typed or printed name of registered agent and title if applicable (NOTE Register 12. OFFICERS AND DIRECTORS 13.				gent a gnature	required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	NIDECTORS IN 19	
TITLE	DP OF TOUR A	DELETE	1.1 TITUE		TREASURER	Change Addition	
IAME	MIR, HECTOR J		1.2 NAME		THE THE PERSON OF THE PERSON O		
STREET ADDRESS 2855 LE JEUNE ROAD STE. 1107			1	T ADDRESS	}		
COTY-ST-ZIP CORAL GABLES FL			1.3 STREE	•			
ITLE	DVS	DELETE	2.1 TITLE		<u> </u>	Change Addition	
NAME	MIR CONSULTO C		2.2 NAME			-100.80	

STREET ADDRESS 2655 LE JEUNE ROAD STE. 1107 2.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 2. 4 CITY-ST-ZIP **DELETE** TITLE 3.1 TITLE Change ☐ Addition MIR. HECTOR E 3,2 NAME 1271 SW 14TH ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 City - ST- ZIP DELETE 5.1 1ITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.

SIGNATURE:

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1/31/98

(305) 444-0460

FILED

Feb 06 1998 8:00am

Secretary of State