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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

1. Corporation	MENT # P9400 RICAN ENTREPRENEUR COR	0012006 (0 _{IP} .))			<u> </u>
Principal Place of Business 7827 NW 15TH ST MIAMI FL 33133 US		Mailing Address 7827 NW 15TH ST MIAMI FL 33133 US			DO NOT WRITE IN 1H	
					Date Incorporated or Qualified 02/09/1994	
—	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0468879	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip Country 25		7(p)	29 30		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent
	ERRAZ DA SILVA, LUIZ C		81	Name		
	431 N. MOORING WAY NAMI FL 33133		82	Street Addr	Address (P.O. Box Number is Not Acceptable)	
, *	IIAMI FL 33133		83			
			04	0		
			! !	City	F	L 85 Zip Code
11. Pursuant office or r agent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	and 607.1508, Florida Statu of Horida Such change was ions of, Section 607.0505, F	tes, the above-r authorized by th lorida Statutes.	named corp ne corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed manapular cystolect agent	o na a la cita de la compansión de la comp		· · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AND		It : Registered Agent	signarure require	ed whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	FERRAZ DA SILVA, LUIZ C		1.2 NAME			
STREET ADDRESS	3431 N. MOORING WAY MIAMI FL 33133		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PST PST	DELETE	1.4 CHY-S1-ZIP 2.1 TILE			Change Addition
NAME	FERRAZ DA SILVA, LUIZ C		2 2 NAME:			
STREET ADDRESS	3431 N MOORING WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	T to ceie	2 4 CITY-ST-	ZIP		
TITLE NAME		DITELE	3.1 1)Tt E 3.2 NAME			Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS			
CITY-ST-ZIP		34.1				
TITLE		☐ DELET E	4.1 TRLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AD	DRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - Z	'IF'		
NAME		L_J OLLLIE	5.1 TOLE 5.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADI	DRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADI	DRESS		
CITY-ST-ZIP	orlify that the information considers with	this tiling place and subject	6.4 CHY-S1-2		Section 119.07(3)(i) Florida Statules I further	

Indicated of this annual report or suppliemental amount goods not quanty for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the informatio indicated on this annual report or supplemental amount 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 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.