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PROFIT
CORPORATION
ANNUAL REPORT
1997



Charlest

FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015677 (5)

MASTER ENTERPRISE AND EXCHANGE, INC.

Principal Place of Business Mailing Address 261 N.E. 73RD STREET 261 N.E. 73RD STREET MIAMI FL 33138-5323 MIAMI FL 33138 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1994 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0500696 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCDOWELL, CHARLES 261 N.E. 73RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33138 63 84 City Zip Code 85 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 Signature, typed or priviled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THLE 1.1 TITLE MCDOWELL, CHARLES NAME 1.2 NAME 261 N.E. 73RD STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33138** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZiP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change __ Addition TILLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change 6.1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - \$1 - 2(P) 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.