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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016491 (0)

1. Corporation Name

A-ADREANI ENTERPRISES INC.



Principal Place of Business

Mailing Address

9002 NW 146 TERR
MIAMI FL 33018
US

9002 NW 146 TERR
MIAMI FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1994

2. Principal Place of Business

2a. Mailing Address

21 7700 W. 24 AVE

26 7700 W. 24 AVE.

4. FEI Number

65-0469053

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N2 10

27 N2 10

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Hialeah, FL.

28 Hialeah

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33016

29 33016

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 Current Registered Agent

10. Name and Address of New Registered Agent

LUIS, MARIA R
9002 NW 146 TERRACE
MIAMI FL 33018

81 Name

ARMANDO A. LUIS

82 Street Address (P.O. Box Number is Not Acceptable)

7700 W. 24 AVE. N2 10

83

84

City Hialeah

FL

85 Zip Code 33016

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/11/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LUIS, ARMANDO A
STREET ADDRESS 9002 NW 146 TERR
CITY-ST-ZIP MIAMI FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME LUIS, MARIA R
STREET ADDRESS 9002 NW 146 TERR
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

ARMANDO A. LUIS 03/11/98 / 305 / 873. 7334

CR2E034 (10/97)