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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000030688 (3)**

1. Corporation Name
EVE ENTERPRISES INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DR. LOBBY MIAMI FL 33131	1001 S. BAYSHORE DR. SUITE 1716 MIAMI FL 33131-4912

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business (21): 825 BRICKELL BAY DRIVE
Suite, Apt. #, etc. (22): LOBBY
City & State (23): MIAMI, FLA.
Zip (24): 33131 Country (25): U.S.A.

2a. Mailing Address (26): 1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc. (27): 1716
City & State (28): MIAMI FLA.
Zip (29): 33131 Country (30): U.S.A.

4. FEI Number: 65-0490275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**
MIR, HECTOR J
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARAMILLO, SOFIA 1430 S. BAYSHORE DRIVE, #1206 MIAMI FL 33131 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 1430 BRICKELL BAY DRIVE - 1206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBLEDO, M. MARTA 1430 S. BAYSHORE DRIVE, #1206 MIAMI FL 33131 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 1430 BRICKELL BAY DRIVE - 1206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARA, CARMEN 1430 S. BAYSHORE DRIVE, #803 MIAMI FL 33131 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 1430 BRICKELL BAYD RIVE - 803
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: Sofia Jaramillo SOFIA JARAMILLO 3/21/97 (305)358-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #