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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000030688 (3)

EVE ENTERPRISES INC. Mailing Address Principal Place of Business 1001 BRICKELL BAY DR 825 S BRICKELL BAY DR LOBBY **SUITE 1716** DO NOT WRITE IN THIS SPACE **MIAMI FL 33131** MIAMI FL 33131 3. Date Incorporated or Qualified 04/20/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0490275 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIR. HECTOR J 2655 LE JEUNE ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1107** 63 CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE D 1.1 TITLE JARAMILLO, SOFIA NAME 1.2 NAME 1430 BRICKELL BAY DR. 1206 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 21 TITLE TITLE ROBLEDO, M. MARTA 2.2 NAME 1430 BRICKELL BAY DR, 1206 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition NAME LARA, CARMEN 3.2 NAME 1430 BRICKELL BAY DR, 803 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplier ental 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 regeiver or trystee 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 address. (305) 358

6.4 CITY-ST-ZIP

**FILED** 

Feb 23 1998 8:00am

Secretary of State