

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

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1997 AMEND:

DOCUMENT # P94000042456
1. Corporation Name
ADONAI ENTERPRISES, Inc.

Principal Place of Business Mailing Address
9239 S.W. 215 TERRACE
MIAMI, FL 33189

AMENDED

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	MIAMI, FLORIDA	26	9239 S.W. 215 TERR.	65-0496209			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARGARITA ARENA
9239 S.W. 215 TERRACE
MIAMI, FL 33189

81 Name OSCAR R. ARENA
82 Street Address (P.O. Box Number is Not Acceptable) 9239 S.W. 215 TERRACE
83
84 City MIAMI FL 85 Zip Code 33189

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]* (NOTE: Registered Agent signature required when re-stating) DATE 7/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ARENA ☒ DELETE	1.1 TITLE	SECRETARY TREASURER ☐ Change ☐ Addition
NAME	MARGARITA ARENA	1.2 NAME	OSCAR R. ARENA
STREET ADDRESS	9239 S.W. 215 TERRACE	1.3 STREET ADDRESS	9239 S.W. 215 TERRACE
CITY-ST-ZIP	MIAMI, FL 33189	1.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002255822
STREET ADDRESS		6.3 STREET ADDRESS	-08/04/97--01002--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/97

305-255-9080

CR2E034 (9/96)