SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. MOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

Corporation Name P94000065494 (4)

STEVEN J. MONTES ENTERPRISES, INC.

2921 N.W. 106TH AVE. CORAL SPRINGS FL 33065

Principal Place of Business

Mailing Address

2921 N.W. 106TH AVE. CORAL SPRINGS FL 33065

**FILED** Jul 29 1996 8:00 am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

						09/06/1994	07	/21/1995	
Diament Dia	no of Business	2a. Mailing Addres	35			4. FEI Number		Appli	
Principal Place of Business		26	<u>├</u> ¬			NOT APPLICABLE			pplicable
Suite, Apt #,	Suite, Apt #, etc Suite, Apt #, etc.		etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		27					<del></del> .		
City & State City & State			te			6. Election Campaign Financing \$5.00 May Be Added to Fees			
Zip Country Zip			Country			8. This corporation has liab lity for			99.032,
	25	29	30	30		Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent		Τ		10. Name and Address of New Re	gistered A	lgent	
				81	Name				
VAZQUEZ, WILLIAM M 5550 GLADES RD. SUITE 401 BOCA RATON FL 33431					82 Street Address (P.O. Box Number is Not Acceptable)				
					City			<b>85</b> Zip Co	ode
				84			<u>FL</u>	.	
office or re agent 1 an	gistered agent, or both, in the Sin familiar with, and accept the congrature typed or protect name of together	obligations of, Section 607.0	505, Florida Sta	stutes	, .	poration submits this statement for the pion's board of directors. Thereby acception when reinstances	tiats		
	Signature, typed or pricted name to Copyani OFFICER	S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	
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NVE	MONTES, STEVEN J		12	NAME	ĺ				
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further or made un that my r	erbly that the information indica- ider oath, that I am an officer or name appears in Block 17 or Blo	ited on this arifual report of chrector of the corooration (	or the receiver of attachment with	or trus	tee empowe	uality for the exemption stated in Section e and accurate and that my signature is red to execute this report an required to have a Manus	y Chapter	617, Florida S	talutes an