## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000071460 (7)



97 SEP 29 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ron Li	ITERPRISES, INC.				
Principal Place	e of Business	Mailing Address		[ 5581/000 1/0 (818) 0[0] (817) 61/1 03/1 04	
9737 NW 41 STREET SUITE 244 9737 NW 41 STREET SUIT MIAMI FL 33178 MIAMI FL 33178			SUITE 244	DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	3a. Date of Last Report
				09/26/1994	06/04/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied f or
21	7	26		65-0536288	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	29	30	This corporation owes or has pa     Personal Property Tax due June	
24	9. Name and Address of Currer		[30]	10. Name and Address of New Re	
ECI			81 Name	10.	
ECHEVERRI, NORA E 9737 NW 41 STREET SUITE 244 MIAMI FL 33176			82 Street Add	dress (P.O. Box Number is Not Acceptate	ble)
13111	um 12 00110		83		
			24 03		11
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508. Florida Sta	atules, the above-named co	rporation submits this statement for the p	purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	as authorized by the corpor i, Florida Statutes.	ation's poard of directors. Thereby accep	pt the appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and litle if applicable (	(NOTE Registered Agent signature req	juired whon reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable ( D DIRECTORS	(NOTE Registered Agent signature requests)		DATE CERS AND DIRECTORS IN 12
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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.