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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P94000080551 (2)**

CORRETUR ENTERPRISES, INC.

Principal Place of Business Mailing Address 8113 NW 33RD ST 8113 NW 33RD ST MIAMI FL 33122-1005 MIAMI FL 33122 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1994 01/24/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0531061 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANTIAGO, PAULO R PAULO 141 NE 3RD AVE #201 O Box Number is Not Acceptable) 82 **MIAMI FL 33132** 93 STreet 83 Zip Code **33/√**24 84 City 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 farmer with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Copyrin - - 155 - 3 - 9 printe finning of registerior agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DPTS Change Addition DELETE 11 TITLE THEF SANTIAGO, PAULO R 1.2 NAME % 141 NE 3RD AVE #201 \$1REFT ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST- 70 🔲 DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CHY-\$1-26 DELETE Change Addition THEF 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 2# 34. CITY-ST-ZIP ... DELETE Change Addition 4 1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADURESS 4.4 CITY-ST-ZIP

CITY - ST - ZIP 64 CITY-ST-ZIP 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 impual report or supplicitive tall 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 exprioration 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 ttachment with n address

5.1 Title

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE: >

CITY ST ZIP

STREET ADDRESS

STREET ADDRESS

CHY-51 70

TOTAL NAV8

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

DELETE

FILED

Apr 09 1997 8:00am

Secretary of State

Davime Phone 4

Change

Change

Addition

Addition