FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080952 (2)

1. Corporation Name
F & E ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9825 SW 40TH ST MIAMI FL 33165	9825 SW 40TH ST MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 65-0536574 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has assets for purposes of ch. 607, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIUSECH, EDUARDO ESQ 815 NW 57TH AVE #125 MIAMI FL 33126	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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] 2/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ Change ☐ Addition
NAME	GARCIA, ELADIO	
STREET ADDRESS	% 9825 SW 40TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: x [signature] Eladio Garcia 4/25/95 226-6298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177236 CP