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

28

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Zip

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** # P94000080952 (2)

Country

25

F & E ENTERPRISES, INC.

Principal Place of Business Mailing Address 9825 SW 40TH ST 9825 SW 40TH ST MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1994 2. Principal Place of Business 2a. Mailing Address 21 26 65-0536574 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

9. Name and Address of Current Registered Agent GARCIA. ELADIO 9825 SW 40TH ST **MIAMI FL 33165** 

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TITLE

NAME

STREET ADDRESS

Zip

ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
T	10. Name and Address of New Registered Agent
B1	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

Trust Fund Contribution

**FILED** 

Mar 19 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 disange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with find agree the obligations of Section 607.0505, Florida Statutes.

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or both in the State of Florida. Such nd accept the obligations of Section **SIGNATURE** agent and like if apple abin IS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE GARCIA, ELADIO 1.2 NAME NAME STREET ADDRESS % 9825 SW 40TH ST 1.3 STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP City-St-ZIP DELFTE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY-ST-ZIP Addition DELFTE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

14. I 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 chapped, or of an attachment with an address.

SIGNATURE:

SIGNATURE:

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE: A

LING SCE (BE)