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FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015139 (5)

1. Corporation Name

5101 ENTERPRISE CORPORATION

Principal Place of Business

5101 NW 36 AVE  
MIAMI FL 33142

Mailing Address

5101 NW 36 AVE  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1995

4. FEI Number

65-0569544

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

BILU, SHMUEL  
5101 NW 36 AVE  
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
BILU, YEHUDA  
STREET ADDRESS  
6711 N WOODRIDGE DR  
CITY-ST-ZIP  
PARKLAND FL 33067

TITLE ☐ DELETE

NAME  
D  
BILU, SHMUEL  
STREET ADDRESS  
7901 SALEM LN  
CITY-ST-ZIP  
PARKLAND FL 33067

TITLE ☐ DELETE

NAME  
D  
LEBEDIN, SIMON  
STREET ADDRESS  
20381 NE 30 AVE APT 302  
CITY-ST-ZIP  
N MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME  
D  
SCHWARTZ, IRA  
STREET ADDRESS  
9385 SW 109 TERR  
CITY-ST-ZIP  
MIAMI FL 33176

TITLE ☐ DELETE

NAME  
D  
SCHWARTZ, STEVEN  
STREET ADDRESS  
5840 MOSS RANCH RD  
CITY-ST-ZIP  
MIAMI FL 33156

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/98

305-634-9999

Date

Daytime Phone #

0203961

CR2E034 (10/97)