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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021074 (6)

FRONTLINE SECURITIES ENTERPRISES, INC.

FILED Apr 17 1997 8:00am Secretary of State

Principal Proce of Business Mailing Address 6115 S.W. 127TH COURT 6115 S.W. 127TH COURT MIAMI FL 33183 MIAMI FL 33183-1354										
						3. Date Incorporated or Qualified				
2. Principal Flace of Business 2a. Mailing Address						4. FEI Number	<u> </u>	5	Applied For	
21		26				65-0565822			Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		5 Additional	
27						_	<u>. </u>		Required	
City & Stat	ne.	City & State				Election Campaign Financing Trust Fund Contribution			O May Be ed to Fees	
710	Country	Zip	Col	intry		8. This corporation has liability for in				
24	25	29	30			Florida Statutes	Yes [No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered /	igent		
	RRERA, JOHN C			81	Name					
6115 S.W. 127TH COURT				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
MIA	VMI FL 33183			83			·			
				84	City		FL	85 Z	ip Code	
SIGNATURE	Signatus Paper or provid owns of registered a	gent and little it applicable	(NO [†] E: Registere			poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE			
12.	OFFICERS A	ND DIRECTORS DELETE	13.	IYI E		ADDITIONS/CHANGES TO OFFICE	ERS AND	Chang		
NAMÉ	HERRERA, JOHN C	C3 been	1.2 N					v	7,00,000	
STREET ADDRESS	6115 S.W. 127TH COURT		I "		ADDRESS					
CITY-ST ZIP	MIAMI FL 33183		1.4 C	ITY-S	r-ZIP					
THILE		☐ DELETE	2.1 T	ITLE				Chang	ge 🔲 Addition	
NAMÉ			2.2 N	AME	Ì					
STREET ADDRESS					ADDRESS					
CHY ST-ZW	1 \data : 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	DELETE			ST-ZIP			Chang	ie Addition	
NAME		C DEPENE	3.1 to						р Думоноп	
STREET ADDRESS					ADDRESS					
CITY- \$1-26			3.4 (CITY - S	ST-ZIP					
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 T	ITLE				Chang	ge Addition	
NAME			4.21	NAME						
CALLET A PRODUCE CO.										
STHEET ADDRESS	1				ADDRESS					
CHY-SI-ZIP		l Del ete	4.4 C	ITY-S	ADDRESS T-ZIP		·	Chang	e Addition	
CHY-SI-ZIP TIILE		DELETE	4.4 C 5.1 T	ITY-S ITLE				Chang	ge Addition	
CHY-SI-ZIF		DELFTE	5.1 Ti 5.2 N	ITY-S ITLE IAME				Chang	ge Addition	
CHY-ST-7IP TITLE NAME		☐ DELETE	5.1 Ti 5.2 N 5.3 S	ITY-S ITLE IAME TREET	T-21P			Chang	ge Addition	
CHY-ST-ZIP THLE NAME STREET ANDRESS		☐ DELETE	4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C	ITY-S ITLE IAME TREET	T-ZIP ADDRESS			☐ Chang		
CHY-ST-ZIP THE NAMT STREET ANDRESS CHY-ST-ZIP			4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C	ITY-S ITLE IAME TREET ITY-S	T-ZIP ADDRESS					
CHY-SI-ZIP TILE NAME STREET ADDRESS CHY-SI-ZP TILE			4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N	ITY-S ITLE IAME TREET ITY-S ITLE IAME	T-ZIP ADDRESS					

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 thy 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 | 3 if glangering on an attendment with an address.

SIGNATURE:

TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTO

14.11.97

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