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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022065 (3)

1. Corporation Name										
STB ENTERPRISES, INC.										
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Dela sia al Dia	(D) - in n		Maritina Malaka				<u> </u>			
Principal Place of Business Mailing Address 8005 SW 157TH CT. P.O. BOX 520013							Ì			
8005 SW 157TH CT. P.O. BOX 520013 MIAMI FL 33183 MIAMI FL 33184										
							DO NOT WR		SPACE	
							3. Date Incorporated or Qualifie 03/17/1995	d		
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address			4. FEI Number		Ar	oplied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			65-0573337		 	ot Applicable
22			h	27			5. Certificate of Status Desired			Additional agulred
City & State				City & State			6. Election Campaign Financing		 -	-'
23			28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip	<u></u>		/	8. This corporation owes or has paid the current year Intangible			
24	25 25 Name and Address of Curr		29 29	·		· ····· ····	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			_l No
	VIRIA, JOF		Current registered Age	····	B1	Name	TO. Name and Address of New	Mañistatad	ergent.	
	69 S. DIXIE				82					
SUITE 201						Street Add	dress (P.O. Box Number is Not Accep	table)		
MIAMI FL 33158					83					
					84	City			85 Zip (Code
 								FL		
foffice or r	registered ac	ent, or both, in th	e State of Florida. Such of	hange was a	uthorized by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose o cept the app	f changing it sointment as	ts registered registered
agent. I a	am familiar w	ith, and accept the	e obligations of, Section 6	307.0505, Flo	rida Statutes	\$.				
SIGNATURE	Signature, type o	 For ported basic of tens	eved agont and title it apphrabic							
12.			and the state of t	(MOTE	Registered Age	nt signature requ	uired when reinstating)	DATE		
			RS AND DIRECTORS		13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OF			
TITLE	D	OFFICE	RS AND DIRECTORS	DELETE	13. 1.1 TITLE	ent signature requ			DIRECTOR Change	RS IN 12
TITLE NAME		OFFICE Z, MIGUEL	RS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME					
TITLE NAME STREET ADDRESS	P.O. BC	OFFICE Z, MIGUEL DX 520013 N/A	RS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				
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14. Thereby 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 employees the current of the corporation or the receiver or trustee employees the current of the corporation or the receiver or trustee employees the current of the corporation or the receiver or trustee employees the current of the corporation or the receiver or trustee employees the current of the corporation or the receiver of trustee employees the current of the corporation of the receiver of trustee employees the current of the corporation of the receiver of trustee employees the current of the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the

SIGNATURE:

M. AVANZ

1/1/9/ (305) 2437244

FILED

May 19 1998 8:00am

Secretary of State