FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPORATIONS

FILED Jun 11 1997 8:00am Secretary of State

E CONTENE DE LOS COLOS DESET DATES DOTES DATES DE LA CIDIA DE CONTRA CARRES DE LA COLOS DE COLOS DE COLOS DE C

OCUMENT #	P95000024673	(2)

TRU-KEY ENTERPRISES, INC.

Principal Place of Business Mailing Address					T 108 (108) THE SPACE OFFI BRISH ORDER					
8615 N.W. 8TH STREET. #212 8615 N.W. 8TH STREET. #212										
MIAMI FL 8312	26	MIAMI FL	33126-5923							
						3. Date Incorporated or Qualifie 03/27/1995		Date of Last R /01/1996	Report	
2. Principal P	Place of Business	2a. Mailin	g Address			4. FEI Number		·	pplied For	
21		26				65-0571744		No	ot Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & State		27	·				Fee Hequired			
		├ ┐ `	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		······································	Zip Country			Trust Fund Contribution Added to Fees				
24]	25	Zip		30	y		B. This corporation has liability for intangible tax under s. 1 Florida Statutes ☐ Yes ☐ No		s. 199.032,	
24!		as of Current Registered A		130		10. Name and Address of New Registered Agent				
CAP	O, MARCEL			81	Name					
	5 N.W. 8TH STREET,	#212	·	\- <u></u>	-	Addison 2000 Day Maria Table A				
	MI FL 33126			82	Street	Address (P.O. Box Number is Not Accep	Mabie)			
***************************************				83						
				84						
*				04	City		FL	_ 85 Zip	Code	
11. Pursuant office or ragent. La	to the provisions of Secti registered agent, or both, am familiar with, and acco	ons 607.0502 and 607.1500 in the State of Florida. Suc opt the obligations of, Section	B, Florida Statute h change was a on 607.0505, Flo	es, the above authorized borida Statute	e-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby ac	ne purpose o cept the ap	of changing it pointment as	ts registered registered	
SIGNATURE										
		of registered agent and title if applica	tre (NOTI		ent signature	required when reinstating)	DATE	D DIDEOTOR	20.11.40	
12.	PO	FICERS AND DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	FILERS AN	Change	Addition	
NAME	CAPO, MARCEL		C otter	1.2 NAME				L_1 Grange	L) Addition	
STREET ADDRESS	8615 NW 8 STREET	#22			I ADDRESS					
CITY-ST-ZIP	MIAMI FL	T		14 CITY-						
TITLE	VPTD		DELETE	21 TITLE	31.71			Change	Addition	
NAME	DIEPPA, JUAN C.			2.2 NAME				-		
STREET ADDRESS	10004 SW 142 PL			2.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL			2 4 CITY	S1-ZIP					
TITLE			DELETE	3.1 1(TLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STHEE	ADDRESS					
CITY-ST-ZIP				3 4. C(IY-	ST-ZIP					
TITLE			☐ DELETE	4.1 1ITLE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS	1			4.3 STREE	I ADORESS					
CITY-ST-ZIP				4.4 CITY-	ST-ZIF				 _	
TITLE			DELETE	5.1 TITLE				Change	☐ Addition	
NAME				5.2 NAME]					
STREET ADDRESS					ADDRESS [
CITY-ST-ZIP	 		DELETT	5 4 CITY-	ST-7IP			Chana	Addition.	
TITLE	ļ		DELETE	6.1 TILE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP	1			6.4 CITY-	51- ZIP					

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 eath; 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

with all duoress