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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 12 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034134 (3)

M SANTE ENTERPRISES, INC.

Principal Place of Business Mailing Address 221 SW 58 AVENUE 221 SW 58 AVENUE MIAMI FL 33144-3427 MIAMI FL 33144 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0592502 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country 8. This corporation has liability for intal ngible tax under s. 199.032, Florida Statutes Yes 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SANTE, MIGUEL A **221 SW 58 AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. Change Addition TITLE □ DELETE 1.1 TITLE SANTE, MIGUEL A NAME 1.2 NAME **221 SW 58 AVENUE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 1,4 CITY-ST-ZIP ☐ DELE1E Change Addition TITLE 211016 SANTE, NATALIE R NAME 2.2 NAME **221 SW 58 AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7IP

14. I do hereby certify that the information supplies 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 appear report of supplies that 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 of 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name