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 # P95000040133 (7)

PRIVED ENTERPRISES, INC.

		Mailing Address 5960 SW 57TH AVE MIAMI FL 33143			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 05/22/1995	·
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0587366	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the d	
24	25 S. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
90	CHREIBER, GERHARDT A	on Hogistorou Agent	81 Name	10. HANNO MIN PARIOSS OF HOW HOUSERING	A LADIII
890 S DIXIE HIGHWAY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ORAL GABLES FL 33146			ress (F.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
44 6				F	L.
office or agent. I a SIGNATURE	am familiar with, and accept the obli	gations of, Section 607.0505, I	Florida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
12.	Signature, typed or printed name of registered at OFFICERS At	9001 and 1-tic if applicable (NI ND DIRECTORS	DIE: Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	190	DELETE	1 1 TITLE	ADDITIONS/CHANGED TO STETICE IS A	Change Addition
NAME	ALVAREZ, JULIO E		1.2 NAME		
STREET ADDRESS	3211 ALAHAMBRA CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP		
TITLE	\$0 MG155550 D4155 A	☐ DELETE	2:1 TITLE		Change Addition
NAME	WOLFBERG, DAVID A		2.2 NAME		
STREET ADDRESS	13500 SW 66TH AVE MIAMI FL 33156		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI PL 33130	DELFTE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		
NAME	1				☐ Change ☐ Addition
OTDECT ADDRESS	1		4. 2 NAME		Change Addition
STREET ADDRESS		_ otteri	4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·

6.4 CITY-ST-ZIP

14. I 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 annual report or supplement 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 frequency of the exemption of the corporation or the frequency of the exemption of the ex

FILED

Apr 20 1998 8:00am

Secretary of State