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 # P95000040373 (9)

SDM ENTERPRISE, INC.

Principal Piace	e of Business	Mailing Address					
3950 N.W. 64T MIAMI FL 3316		3950 N.W. 64TH AVENUE MIAMI FL 33166-6910					
:		•			3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last R 04/25/1996	eport
	ace of Business	2a. Mailing Address			4. FEI Number 65-0582227		oplied For
Suite Apt	#. etc.	Suite, Apt. #, etc.				60 75	ot Applicable Additional
22		27			5. Certificate of Status Desired		equired
City & State		City & State		'	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zφ	Country	Zip	Country		8. This corporation has liability for in		
24	25		30		Florida Statutes	Yes 🗌 No	
044	9. Name and Address of Curre	ent Registered Agent	81 Name		Name and Address of New Reg	gistered Agent	
	IDRI, MARLI M) N.W. 64TH AVE.				MSANDRI		
	MI FL 33166		82 Stree 3 9	Address	M. SANDRI (P.O. Box Number is Not Acceptabl W 64 AVENUE	le)	
ļ			83			MATERIAL AND A STATE OF THE STA	
			84 City		, , , , , , , , , , , , , , , , , , ,	85 Zip (Code
14 Dines and	to the remainer of Contage COZO	02 and 607 1500 Florida Chat A	міт	IMAI		FL ∣ kaı	66
office or re	o the provisions of sections 607.05 egistered agent, or both, in the Stat	op Florida, Such change was a	es, the above-name authorized by the co	ed corporation's	tion submits this statement for the pu s board of directors. I hereby accept	urpose of changing it it the appointment as	s registered registered
	at familiar with, and accept the obli	gations III, Section 607.0505, Flo				2/1-100	
SIGNATURE	Signaturé typed or conted name of objecte of a	First and title if applicable (NOTE	.: Registered Agent signatu	Writing	hen reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	IS IN 12
TITLE	PD Sandri, David	[]] DELETE	1.1 TITLE			Change	Addition
NAME STREET ADDRESS	3950 N.W. 64TH AVE.		1.2 NAME				
City St- Zif-	MIAMI FL 33168		1.3 STREET ADDRESS 1.4 City - St - Zip	°			
TITLE	VD	DELETE	2.1 TITLE	V/T	/D	☆ Change	Addition
NAME	SANDRI, MARLI M		2.2 NAME	SAN	DRI, MARLI M.		
STREET ADORESS	3950 N.W. 64TH AVE.		2.3 STREET ADDRESS	s 3950	O NW 64 AVENUE		
COTY - ST - ZIP	MIAMI FL 33168	Distr	2. 4 CITY+ST-ZIP		MI, FL 33166		
TITLE NAME		DELETE	3.1 1111.6	8/		Change	Addition
STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		DRI, ROY A.		
CITY - ST - ZIF			3.4. CITY - ST - ZIP	13331	O NW 64 AVENUE		
TITLE		DELETE	4.1 TITLE	11111	MI, FL 33166	Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS	5			•
City-St-ZiF		T Ni etc	4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 T(TLE			L Change	Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		•		
CITY- ST- ZIF			5.4 CITY - ST - ZIP	'			
TOTALE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				_
\$TREET ADDRESS			6.3 STREET ADDRESS	s			

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 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 12 it changed or on an attachment with an address. DAVID SHNDE 1/19/9:

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST ZIE

FILED

Feb 24 1997 8:00am

Secretary of State