FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State DIVISION OF CORPORATIONS

1996

P95000045181 (1)

| i. Corporation Na | ENT # P95000 ENTERPRISES, INC. | 045181 (1) | | | |
|---|---|--|--|---|---|
| Principal Place of Business | | Mailing Address | | | 100H 00FH 010# 9HU 1190H FFIOL HU 180H |
| 7715 SW 146TH TERRACE MIAMI FL 33158 | | 7715 SW 146TH TERRACE MIAMI FL 33158 | | | |
| | | | | 3. Date Incorporated or Qualified 06/06/1995 | 3a. Date of Last Report |
| Principal Place of Business | | 2a. Mailing Address 26 | | 4. FEI Number 65-0590595 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| Cu. e Chala | | City & State | | | Fee Hequired |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | |
| | 25 9. Name and Address of Current | | [30] | Florida Statutes X Yes 10. Name and Address of New Re | |
| SOUTH MI | SET DRIVE STE 301 AMI FL 33143 | anci 607 1508. Florida Statute | 83 84 City s. the above named corpo | ration submits this statement for the purport of directors. The reby accept the appo | FL 85 Zip Code |
| familiar with, SIGNATURE signal | and accept the obligations of, Sectional relative, typod or printed name of registered agent a OFFICERS AND | n 607.0505, Florida Starutes. | L. Rogiste solvent signature recurre 13. 1.111£ | | DATE |
| TLE AME TREET ADDRESS | D NEDELMAN, JEFFREY H 7715 SW 146TH TERRACE MIAMI FL 33158 | | 1.2 NAE 13 SEET ADDRESS 1.4 OF-ST-ZIP | | Onange Adultion |
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| STREET ADDRESS | | | 6.3 LET ADDRESS | | |
| CITY - ST - 7IP | | and the second s | 64 S: ZIO | Al | |
| 14. I do hereby certify that t | the information indicated on this appli | uai report or supplemental ann eration or the receiver or truste | e empoy 3 to execute this ess. | or the exemption stated in Section 119.0 te and that my signature shall have the si s report as required by Chapter 607, Flor | ame legal effect as if made under ida Statules; and that my name |
| SIGNATI | URE: SOUNTIRE ADDITION OF | PHINTED NAME OF SIGNING OFFICE | EN OR DIRECT PICES. | DELMAN 4-29-96 (| 305)233-1567 |

Daytime Phone #