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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049872 (1)

FILED Jun 18 1998 8:00am Secretary of State

	Erine vega enterprises				
•	ce of Business	Mailing Address			
3501 GEORGIA AVE 3501 GEORGIA WEST PALM BEACH FL 33405 WEST PALM B			FI 23406		
US			r L 33403	DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified 06/27/1995	
2. Principal Place of Husiness 2a. N		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0591720	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		rho.	A0 75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 S. Name and Address of Curre	29 ant Bagistered Agent	30]	Personal Properly Tax due June 30. 10. Name and Address of New Register 11. Personal Properly Tax due June 30.	Yes No
\/C	EGA, CATHERINE M	our reduction whell	81 Name		on vialit
ton they er				ga. Catherine M.	
WEST PALM BEACH FL 33405			82 Street A	ddrees (P.O. Box Number is Not Acceptable)	
***	EOTTALW BEACHTE SOUR		83	Georgia Five	<u>-</u>
			84 City	ST Palm Beach, &	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	502 and 607 1508. Florida Sta		corporation submits this statement for the purpos	
office or n	registered agent, or both, in the Stat	tu of Florida, Such change wa	is authorized by the corp	oration's board of directors. I hereby accept the	appointment as registered
	am marginar with and accept the obv	galions of Section 607.0505,	riorida Statutos.		
SIGNATURE	Signature Typed or profed non-e-of-tripleter dia	njersty svá title if applo ablé (N	ROTE Begistered Agent signature r	equired when reinstating) DAI	IF
12.	OFFICERS AT	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTORS IN 12
THILE	PVTS	☐ DELETÉ	1.1 TITLE	PVTS	Change Addition
NAME	VEGA, CATHERINE		1.2 NAME	vega, Carherine	
STREET ADDRESS	420 A MACY STREET		1.3 STREET ADDRESS	3501 Georgia Aue.	
CITY - \$T - ZIP	W PALM BEACH FL	· · · · · · · · · · · · · · · · · · ·	14 CITY-ST-ZIP	W. P. B. Fl. 33405	
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			g.a Smitter Abbrigaa		
CITY-ST-ZIP		T ou see	2. 4 CITY-ST-ZIP		
TIFLE		☐ D€LETE	3 1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Lateral
TITLE		☐ DELETE	4.1 TALE		☐ Change ☐ Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DE1FTE	4.4 CITY - ST - ZIP 5.1 THILE		Change Addition
		☐ ptilic			Chauthe Character
NAME			5.2 NAME 5.3 STREET ADDRESS		i
STREET ADDRESS			■ NICKIRRE LADDRECS		!
TITLE					
1111.5		NEI ETE	5.4 CITY - ST - ZIP		Channe Addition
		DELFTE	5.4 CITY: ST-ZIP 6.1 TITLE		Change Addition
NAME		DELFTE	5.4 CITY : ST - ZIP 6.1 TITLE 6.2 NAME		Change Addition
		DELFTE	5.4 CITY: ST-ZIP 6.1 TITLE		Change Addition

I hereby certify that the information supplied with this fairing 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 13 if charged or on an attachment with an address.