

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054283 (3)

1. Corporation Name

GO-MIKE ENTERPRISES, INC.

Principal Place of Business

6630 SW 62 ND COURT
SUITE 201
MIAMI FL 33143
US

Mailing Address

6630 SW 62 ND COURT
SUITE 201
MIAMI FL 33143-3313
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

EDWARDS, DEBORAH M
2806 DOUGLAS ROAD
SUITE 201
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMPHROY, GLORIA	1.1 TITLE
STREET ADDRESS	6630 SW 62ND CT	1.2 NAME
CITY - ST - ZIP	MIAMI FL 33143	1.3 STREET ADDRESS
		1.4 CITY - ST - ZIP
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMPHROY, ASTLEY M	2.1 TITLE
STREET ADDRESS	6630 SW 62ND CT	2.2 NAME
CITY - ST - ZIP	MIAMI FL 33143	2.3 STREET ADDRESS
		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY - ST - ZIP		3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY - ST - ZIP		4.3 STREET ADDRESS
		4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY - ST - ZIP		5.3 STREET ADDRESS
		5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS
		6.4 CITY - ST - ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria M. Omphroy 4/15/97 (305) 995-

Date

Daytime Phone #

5443

CR2E034 (9/96)