

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000059366 (1)**

1. Corporation Name

CHEO F. ENTERPRISES, INC.



Principal Place of Business

**7639 NW 71 WAY
PARKLAND FL 33067**

Mailing Address

**7639 NW 71 WAY
PARKLAND FL 33067**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**FLORES, JOSE
7639 NW 71 WAY
PARKLAND FL 33067**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report

4. FET Number

65-0598276

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0112 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **JOSE G FLORES**
STREET ADDRESS **7639 NW 71 WAY**
CITY-ST-ZIP **PARKLAND, FL 33067**

☐ DELETE

TITLE
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JOSE FLORES
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (954) 772-5005

CR2E034 (12/95)