

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000062219 (7)**

1. Corporation Name
ENRICARY, CORP.



Principal Place of Business

**651 SW 71 CT
MIAMI FL 33144**

Mailing Address

**651 SW 71 CT
MIAMI FL 33144**

2. Principal Place of Business

21 70 NW 107 AVE

State Apt #, etc

22
City & State

23 MIAMI, FLORIDA

Zip Country

24 33172

2a. Mailing Address

26 70 NW 107 AVE

State Apt #, etc

27
City & State

28 MIAMI, FLORIDA

Zip Country

29 33172

9. Name and Address of Current Registered Agent

**'BLANCO, CARIDAD
651 SW 71 CT
MIAMI FL 33144**

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

- NEW -

4. FEIN Number

65-0601896

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

81 Name

ODALYS FELIPE

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

70 NW 107 AVE

83

84 City

MIAMI

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, Florida Statutes, the above named corporation hereby 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 607.0605, Florida Statutes.

SIGNATURE

ODALYS FELIPE

[Signature] **2/20/96**

12. OFFICERS AND DIRECTORS

1. TITLE

PD

NAME

BLANCO, CARIDAD

STREET ADDRESS

651 SW 71 CT

CITY, ST, ZIP

MIAMI FL 33144

2. TITLE

SD

NAME

BLANCO, ENRIQUETA

STREET ADDRESS

651 SW 71 CT

CITY, ST, ZIP

MIAMI FL 33144

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

P/S/T/D

ODALYS FELIPE

70 NW 107TH AVE

MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

000001755570
-03/25/96--01019--013
*****200.00**

14. I do hereby certify that the information supplied by this corporation and/or furnished here does not qualify for the exemption stated in Section 119.04(1)(a), Florida Statutes. I further certify that the information indicated on this form is true and correct and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this 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 attached list with an address.

SIGNATURE: *[Signature]*

ODALYS FELIPE

(305)223-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)