FILE NOW. FILING FEE AT A MAY [illegible] $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000062219 (7)

1. Corporation Name
ENRICARY, CORP.

Principal Place of Business	Mailing Address
651 SW 71 CT MIAMI FL 33144	651 SW 71 CT MIAMI FL 33144

3. Date Incorporated or Qualified: 08/11/1995	3a. Date of Last Report: -NEW-
4. FEI 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	

2. Principal Place of Business	2a. Mailing Address
21 70 NW 107 AVE	26 70 NW 107 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 Zip: 33172 25 Country	29 Zip: 33172 30 Country

9. Name and Address of Current Registered Agent

BLANCO, CARIDAD
651 SW 71 CT
MIAMI FL 33144

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 607.0502 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: Odalys Felipe ODALYS FELIPE 2/20/96
Signature, typed or printed name of registered agent and the date. Note: Registered agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS NOTED IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLANCO, CARIDAD 651 SW 71 CT MIAMI FL 33144	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S/T/D ODALYS FELIPE 70 NW 107TH AVE MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANCO, ENRIQUETA 651 SW 71 CT MIAMI FL 33144	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Odalys Felipe ODALYS FELIPE (305)223-1804 PD

CR2E034 (12/95)