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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

A RECURSOR DEC FORCE CIPER ACTOR CORDINATION CONTRACTOR CORDINATION CONTRACTOR

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500063161 (0)

MIGUEL & ANGELICA ENTERPRISES, INC.

Principal Place of Business 6550 INTERNATIONAL DRIVE SUITE 111-112 ORLANDO FL 32819			Mailing Address 6550 INTERNATIONAL DRIVE SUITE 111-112 ORLANDO FL 32819-8218				3. Date Incorporated or Qualified 3a. Date of Last Report			
							3. Date Incorporated or Qualified 08/14/1995		ale of Last F 1 14/1996	Report
2, Principal P	Place of Business	26 26	. Mailing Address				4. FEI Number 59-3328029	 •	A	pplied For
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	te	-	City & State				6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28	Zip	T Coun	try		Trust Fund Contribution 8. This corporation has liability for	intangible		Mo Fees s 199 032
24 25			30				Florida Statutes Yes No			
	9. Name and Address of Curren	t Regis					10. Name and Address of New Registered Agent			
DE	OLIVEIRA, MIGUEL A				31	Name				
6550 INTERNATIONAL DRIVE					32	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)		
	ANDO FL 32819			1	33		· · · · · · · · · · · · · · · · · · ·			
•				1	34	City		FL	85 Zip	Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 6 of Flori ations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, Fl	tes. the abo authorized orida Statu	by tes	e-named corp the corporati s.	oration submits this statement for the ion's board of directors. I hereby acce	purpose o pt the app	f changing pointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registerald age	ent and title	if applicable (NO)	L Registered		ant signature require	ec when reinslating)	DATE		*** * * * * * * * * * * * * * * * * * *
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	R\$ IN 12
TITLE	PD		DELETE	1.1 TITL	f				☐ Change	Addition
NAME	DE OLIVEIRA, MIGUEL A			1.2 NAM	1F					
STREET ADDRESS	2815 BERGENFIELD COURT			1.3 STR	EET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811			1.4 0111		S1 - ZIP			<u> </u>	
TITLE	VD	DECETE		2.1 THE					☐ Change	Addition
NAME	DE OLIVEIRA, MARIA A K			2.2 NAM						
STREET ADDRESS	2815 BERGENFIELD COURT ORLANDO FL 32811					ADDRESS				
CITY-ST-ZIP	UNDUNDO FL 32811		DELLTE	2. 4 CIT 3.1 TITL		S1 - ZIP			Change	Addition
NAME				3.2 NAM						
STREET ADDRESS					-	ADDRESS				
CITY-ST-ZIP				3.4. CIT						
TITLE			DELETE	4.1 TITL				,	Change	Addition
NAME				4. 2 NA	1E					
STREET ADDRESS				4.3 STR	EET	ADDRESS				
CITY-ST-ZIP				4.4 CITY	'-S	ST- ZIP				
TITLE			☐ DELETE	5.1 THE	E				☐ Change	Addition
NAME				5.2 NAM	1E					
STREET ADDRESS				5.3 STR	EE1	ADDRESS				
CITY-ST-ZIP				5.4 CITY	'-S	51 - 7(P			_	
TITLE			☐ DEFELE	6.1 1111	F				Change	Addition
NAME				G.2 NAM	1E					į
STREET ADDRESS				6.3 STR	FE1	ADDRESS				
CITY-ST-ZIP				6.4 CITY	'-S	S1 - 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 eath, 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.