

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95 0000 68810  
1. Corporation Name  
DPE Financial Group, Inc.

Principal Place of Business Mailing Address  
6713 Kingsmoor Way Same  
Miami Lakes, FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 7744 Peters Road		26 7744 Peters Road		9/01/95		65-0605406		Not Applicable	
22 Suite, Apt. #, etc. #230		27 Suite, Apt. #, etc. #230		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 City & State Plantation FL		28 City & State Plantation FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24 Zip 33324		25 Country USA		29 Zip 33324		30 Country USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Stephen Enriquez 6713 Kingsmoor Way Miami Lakes, FL 33014				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2148 NW 126 Ave			
				83			
				84 City Pembroke Pines FL 85 Zip Code 33028			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Stephen Enriquez <input type="checkbox"/> DELETE	1.1 TITLE	D Stephen Enriquez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Enriquez	1.2 NAME	Stephen Enriquez
STREET ADDRESS	6713 Kingsmoor Way	1.3 STREET ADDRESS	2148 NW 126th Ave
CITY-ST-ZIP	Miami Lakes, FL 33014	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	D Joseph Danielli <input type="checkbox"/> DELETE	2.1 TITLE	P, VP, T, S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Danielli	2.2 NAME	Joseph Danielli
STREET ADDRESS	6713 Kingsmoor Way	2.3 STREET ADDRESS	7744 Peters Rd, #230
CITY-ST-ZIP	Miami Lakes, FL 33014	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002518471
STREET ADDRESS		6.3 STREET ADDRESS	-05/11/98--01055--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***158.75

14. I 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; that 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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 4/29/98 305 370701

CR2E034 (10/97)