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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 03 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000069004 (6)

## IZAGUIRRE ENTERPRISES, INC.

	F 21:					<b>3010 0118 1816 1910 801</b>	
Principal Place		Mailing Address					
6281 PEMBROKE ROAD. SUITE 3   HOLLYWOOD FL 33023		7600 DICKENS AVE APT 2					
HOLLIWOOD FI	F 22052	MIAMI BEACH FL 33	141-2239				
		US			3. Date Incorporated or Qualified 09/07/1995	3a. Date of Last R 08/13/1996	leport
2. Principal Pl.	ace of Business	2a, Mailing Address	 i	**************************************	4, FEI Number	<del></del>	plied For
21		26	26		65-0607135	Not Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional
22		27			B. Certificate of Status Desired	Fee Re	equired
City & State	0	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	[ Z <sub>i</sub> p	Coul	try	8. This corporation has liability for in		. 199.032,
24	25   9. Name and Address of C	29 Current Pogletered Agent	30		Florida Statutes  10. Name and Address of New Rec	Yes No	
		Portoni registored Agent		B1 Name	10, Harrie und Address of New Meg	Rigidan Marin	
	BUIRRE, ISMAEL	<b>-</b> 2	Į.			***	
	i pembroke road, suite Lywood fl 33023	<b>:</b> 3	82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
noci	LTHOOD FL 33023		}	83		<del></del>	•••
			Į				
				64 City		FL 85 Zip	Code
11 Pursuant t	to the provisions of Sections 60	07.0502 and 607.1508. Florida S	Statutes the ah	ove-named col	ropration submits this statement for the n		s registeres
office or re	egistered agent, or both, in the	State of Florida. Such change	was authorized	by the corpora	rporation submits this statement for the pration's board of directors. I hereby accept	t the appointment as	registered
	ті тапілаг мііл, апа ассері іле	congations of, Section 607.050	.o, Fiorida Stati	tes.			
SIGNATURE					uured when reinstating)	DATE	
SIGNATURE	Stigration Typed or printed name of regula				julied when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
SIGNATURE	Stigration Typed or printed name of regula	lered agent and title if applicable.	(NOTE: Registered	Agent signature requ			
SIGNATURE	Styrator typed or protect care of regular OFFICEF	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registered	Agent signature req		ERS AND DIRECTO	
SIGNATURE 12. TILLE	Stigration Typed or printed name of regula	rered agent and title I approable.  RS AND DIRECTORS  DELET	(NOTE: Registered 13. E 1.1 TIT 1.2 NA	Agent signature requ E		ERS AND DIRECTO	
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SIGNATURE  12.  TILLE NAME STALE   ADDRESS	Signation typical in protein cause of regular OFFICEF P IZAGUIRRE, ISMAEL 6281 PEMBROKE ROAD	rered agent and title I approable.  RS AND DIRECTORS  DELET	(NOTE Registered 13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature requ E AE EET ADDRESS I-ST-ZIP		ERS AND DIRECTO	☐ Additio
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SIGNATURE  12.  TILLE  NAME  STREE   ADDRESS  CITY-SL ZIP  TILLE  NAME  STREET ADDRESS  CITY-SL-ZIP	Signation typical in protein cause of regular OFFICEF P IZAGUIRRE, ISMAEL 6281 PEMBROKE ROAD	STE 3	(NOTE Registered  13.  E 1.1 TII  1.2 NA  1.3 ST  1.4 CII  E 2.1 TII  2.2 NA  2.3 ST  2.4 CII	Agont signature required  E  AE  EET ADDRESS  Y-ST-ZIP  AE  EET ADDRESS  Y-ST-ZIP  E		CERS AND DIRECTO!  Change	Additio
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