FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000077300 (8)**

1. Corporation Name
ENHANCED VIEW CORP.

Principal Place of Business
3698 S.W. 8TH STREET
MIAMI FL 33135

Mailing Address
3698 S.W. 8TH STREET
MIAMI FL 33135

3. Date Incorporated or Qualified: 10/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 717 Ponce de Leon Blvd
Suite, Apt. #, etc.
22 Suite 325 A
City & State
23 Coral Gables Fla
Zip 24 33134 Country 25

2a. Mailing Address
26 717 Ponce de Leon Blvd
Suite, Apt. #, etc.
27 Suite 325A
City & State
28 Coral Gables Fla
Zip 29 33134 Country 30

4. FEI Number 65-0627988 ☐ 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

9. Name and Address of Current Registered Agent
BESKIN, JAY R ESQ.
2081 BISCAYNE BLVD.
SUITE 505
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name: Alejandro Fleites
82 Street Address (P.O. Box Number is Not Acceptable): 15670 SW 77 Terr
83 Apt #15
84 City: Miami FL 85 Zip Code: 33193

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: Signature of Current or Printed Name of Registered Agent or Officer or Director — NOTE: Registered Agent signature required when resigning — DATE: 4/12/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RIVERO, MIKE	
STREET ADDRESS	% 3698 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	☐ DELETE
NAME	FLEITES, ALEJANDRO	
STREET ADDRESS	% 3698 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	■ Change ☐ Addition
1.2 NAME	Rivero Mike	
1.3 STREET ADDRESS	717 Ponce De Leon Blvd. Suite 325A	
1.4 CITY-ST-ZIP	Coral Gables Fla. 33134	
2.1 TITLE	D	■ Change ☐ Addition
2.2 NAME	Alejandro Fleites	
2.3 STREET ADDRESS	717 Ponce De Leon Blvd. Suite 325A	
2.4 CITY-ST-ZIP	Coral Gables Fla. 33134	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 4/12/96 — Daytime Phone #: (305) 443-1986