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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000079236 (2)

FREEWAY ENTERPRISES INC.

Principal Piace of Business

SIGNATURE:

B365 S.W. 152 AVE., STE. 414 MIAMI FL 33193 Mailing Address

8365 S.W. 152 AVE., STE, 414 MIAMI FL 33193-4035

FILED Jan 15 1997 8:00am Secretary of State



01/03/97 (305)5328138

				3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last R 05/01/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For	
	FONTAINEBLEAU BLUB.	26 9581 FONTA	INEBLEAU BL	vb. 65-0622771	No	ot Applicable	
Suite, Apt 6	4	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State 23 MiA	Mi, FL		FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
^{Ζφ} 331:			Country 30 U·S·A		Yes No	. 199.032,	
CHA	Name and Address of Current F VES, LEILA R	registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent		
8365	5 S.W. 152 AVE., STE. 414 MI FL 33193			CHAVES, LETLA odress (P.O. Box Number is Not Acceptable PONTAINE BLEAV	BLV 5 # 2	5/4/	
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligated will will be some control of the contro	Florida: Such change was a ms of, Section 607.0505, Flo	uthorized by the corporida Statutes. Silva R. C	proporation submits this statement for the purporation's board of directors. I hereby accept	FL 33 urpose of changing it t the appointment as	ls registered registered	
12.	Signaturi, Typed or profited careful of registered agent a OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·			DATE DIDECTOR	NO 151 4 6	
DILE	DP OFFICERS AND E	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	CHAVES, LEILA R	L. Decene	1.1 1111.0	DP ISTAR	Test Change	☐ X001000	
	8365 S.W. 152 AVE., STE. 414		1.2 NAME	CHAVES LEILA R 05 81 FONTAINE BLEAV	BINK STE	514	
STREET ADDRESS			1.3 STREET ADDRESS	SEN FUNTAINS BLOW	0000	Ψ.,	
CITY-ST-ZIP	MIAMI FL 33193 DV	Librate	1.4 City-St-ZiP	MIAMIPE 33172	5.7	1 4 1000	
TITLE	MARCHELLI, ROGERIO	L DELETE	2.1 THILE	DV MARCHELLI, ROGERIO	Change	Addition	
NAME	8365 S.W. 152 AVE., STE. 414		2.2 NAME	9581 FONTHINE BLOW	DIJA STE	514	
STREET ADDRESS	MIAMI FL 33193				BLYB SIE	317	
CHTY-ST-ZIP	MIMMI FL 33193	DELETE		MAMI R 33172	[] A		
TITLE		ריין מברבוב	3 1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-Z:P		T DELETE	3.4. CITY - ST - ZIP			1 4 1 100	
TITLE		L DELETE	4.1 TITLE		L Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		Dourt	4.4 CITY - ST - ZIP		——————————————————————————————————————	A 1 2 2 2	
TITLE		L □ DELETE	5.1 TITLE		L Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		T coreve	5.4 CITY-ST-ZIP				
TITLE		L DELETE	6.1 TITLE		Change	Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREFT ADDRESS				
CHY-ST-ZIP			6 4 CITY-ST-ZIP				
information I am an of	by certify that the information supplied with indicated on this acqual report or supplicer or director at the corporation of the	oth this filing does not qualify plemental annual report is tri pressiver or trustee empowe	tor the exemption sta ue and accurate and t ered to execute this re	ated in Section 119.07(3)(i), Florida Statutes hat my signature shall have the same legal port as required by Chapter 607, Florida St	. I further certify that effect as if made unit atotes: and that my r	the der oath; tha name	