

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079486 (3)

1. Corporation Name
845 ENTERPRISE, INC.



Principal Place of Business
**3031 NW 13ST STREET
MIAMI FL 33125**

Mailing Address
**3031 NW 13ST STREET
MIAMI FL 33125**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Qualified
10/17/1995

3a. Date of Last Report

4. FEIN Number
65-0638283

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

10. Name and Address of New Registered Agent

**NEGRON, VICTOR
3031 NW 13ST STREET
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0740 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Signer (Typed or Printed Name)

Date of Signature

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D NEGRON, VICTOR**
STREET ADDRESS **3031 NW 13ST STREET**
CITY, ST, ZIP **MIAMI FL 33125**

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
15 TITLE Change Addition

21 NAME
22 STREET ADDRESS
23 CITY, ST, ZIP
24 TITLE Change Addition

31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP
34 TITLE Change Addition

41 NAME
42 STREET ADDRESS
43 CITY, ST, ZIP
44 TITLE Change Addition

51 NAME
52 STREET ADDRESS
53 CITY, ST, ZIP
54 TITLE Change Addition

61 NAME
62 STREET ADDRESS
63 CITY, ST, ZIP

14. I do hereby certify that the information supplied on this form is true and correct and that I do not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information supplied on this form is a report or supplemental annual report by me and a director 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 for the purpose or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Negron 4-2-96 (305) 633-3059

CR2E034 (12/95)