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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Corporation	MENT # P950	) ငပဗေဝဝဝဝ	<b>∪</b> ,				
MSO E	ENTERPRISES, INC.				 	NI BBIK BÉKBI IBIN BBIK IB	134 <b>03</b> 101 0111 1001
Principal Place of Business Mailing Address							
C/O LA PALOMA RESTAURANT 10999 BISCAYNE BLVD. NO. MIAMI FL 33181		10999 BISCAYNE BI	C/O LA PALOMA RESTAURANT 10999 BISCAYNE BLVD. NO. MIAMI FL 33181				
			•		3. Date Incorporated or Qualified	3a. Date of Last I	Report
Principal Pla	ace of Business	2a. Mailing Address			10/19/1995 4. FEI Number	<del></del>	Applied For
Cuito Ast I	t ata	26					Not Applicab
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4 1	5 Additional Required
City & State	2	City & State			6. Election Campaign Financing	\$5.0	00 May Be
Zip	Country	<b>Z</b> ip	Country		Trust Fund Contribution	Add	ed to Fees
	25	29	30		B. This corporation has liability for Florida Statutes	r intangible tax under s s           No	199.032,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New I		
			81	Name			
HARTLEY, TIMOTHY M			82	Street Add	lress (P.O. Box Number is Not Acceptal	ble)	
100 NO. BISCAYNE BLVD.			83				
	NEW WORLD TOWER,						
MIAMI FL 33132			84	City	FL 85 Zip Code		
Pursuant to	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the above n	nonad sarris	ration authorite this statement for the	<del></del>	registered offi
				ынеа согро	ration stibings this statement for the pu		
	ed agent, or both, in the State of Fix th, and accept the obligations of, Se			oration's boa	ard of directors. I hereby accept the app	pointment as registere	d agent. I am
familiar with				oration's boa	rd of directors. I hereby accept the app	pointment as registere	d agent. I am
familiar with	th, and accept the obligations of, Se Signature, typed or printed name of registered ag	ection 607.0505, Florida Statut	NOTE: Registered Agent	oration s boa	ard of directors. I hereby accept the app	DATE	d agent. I am
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SIGNATURE: Maria

MANY
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (305)891-0505