

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000082627** ✓

1. Corporation Name

ENJESA CORP.

Principal Place of Business

**15476 NW 77 CT #420
MIAMI LAKES FL 33016**

Mailing Address

**15476 NW 77 CT #420
MIAMI LAKES FL 33016**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 **25**

28 Zip Country
29 **30**

4. FEI Number

65-0643624

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**PINA, ALICIO
15476 NW 77 CT #420
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILL, NIRMA	
STREET ADDRESS	15476 NW 77 CT #420	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HILL, JESUS	
STREET ADDRESS	15476 NW 77 CT #420	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PINA, NIRMA	
STREET ADDRESS	15476 NW 77 CT #420	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINA, ALICIO	
STREET ADDRESS	15476 NW 77 CT #420	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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

7/1/99

305 362-3961

Date

Daytime Phone #

CR2E034 (5/99)

P95000082627
588520-90003-4

July 1, 1999

Florida Division of Corporation
Annual Reports Filings
PO Box 1500
Tallahassee, Fl 32305-1500

Dear Sir/Madam:

Enclosed please find a check for \$150.00 for the annual fining. I just received a second notice but I am certain that I sent the payments sometime in May. However, the check has not been cashed. I am a small operator who works out of my house. I would appreciate that you accept this new check for the annual report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alicia Pina', with a stylized flourish at the end.

Alicio Pina