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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083751 (4)

A&Y ENTERPRISES, INC.

175 W. SR-43	ace of Business M NGS FL 32708	Mailing Address 175 W. SR-434 WINTER SPRINGS FL 32708-2547					
				3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report 12/12/1996		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3345808	Not Applicable	
Suite, Ap 22	it.#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ale	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Count	гу	8. This corporation has liability for i		
24	25	29	30			Yes No	
	g. Name and Address of Curre	nt Registered Agent		41	10. Name and Address of New Re	gistered Agent	
L	NDEZ, ANGEL L		В	1 Name			
1262 MARINA POINT, #304			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
CA	CASSELBERRY FL 32707						
			8	3			
			8	' '		FL 85 Zip Code	
SIGNATURE	Signal A MMM	and title if applicable (NO	TE Registered A		poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	3/20/97 DATE	
12.	PT OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition	
TITLE	MENDEZ, ANGEL L	ייין טננגונ				Change Addition	
NAME.	AAAA AAADINIA DOINIT AAAA		1.2 NAM				
STREET ADDRESS	CASSELBERRY FL 32707			ET ADDRESS			
117LE	S	DELETE	1.4 CITY 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	MENDEZ, YOLANDE R	Decere	22 NAM	1		LL Clarge	
STREET ADDRESS	4000 MADINA DOINT 4004			ET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		1	-SI-ZiP			
TITLE	1	DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAM	£			
STREET ADDREST	s		3.3 STRE	ET ADDRESS			
CITY - ST - ZIP			3.4. CiTi	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAN	IE			
STREET ADDRESS	s		4.3 STRE	ET ADDRESS			
CITY - \$1 - 7P			4.4 CITY	-ST-ZIP			
Titel		DELETE	5.1 TiTLE			Change Addition	
NAME.			5.2 NAM	E		•	
STREET ADDRESS	s		5.3 STRE	ET ADORESS			
CITY-S1-ZIF			5 4 CITY		· · · · · · · · · · · · · · · · · · ·		
TIFLE		DELETE	6 1 TITL			Change Addition	
NAME.			62 NAM	E 1			

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

BNOOKLY. Mendez

14. I do 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. 3/20/97

FILED

Mar 28 1997 8:00am

Secretary of State

E PRANCER HER PONCE BARRONANIA SONIA ABINA CENCA HARRO ARRA KARRONANIA NICA IRAA