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

PROFIT CORPORATION ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

05-04-1999 90081 046 ***150.00

DOCUMENT # P95000091218							
i. Corporation	INAIIIO						
Enclus u	ROUP, INC.				S AREALANT HID FOLDS WHILE RESSERBLE SAME RA	18 (8)8) (18)8 (18)	RI 18 00 1 1 0 11 1 0 03
• ,							
Principal Place of Business Mailing Address					# \$00\$(\$00\$ 128 \$040\$ 0\$ff) \$00\f\ 60\$(1 00\f\ 60\$)	ER TREAT TRAIN SINI	ES ILBUS (MÉT LUTA)
6779 W FLAGER STREET 6779 W. FLAGER STREET							
MIAMI FL 33144 MIAMI FL 33144					DO NOT WRITE IN THE CRACE		
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				11/30/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number	. A	pplied For
21 26		 			65-0644280		ot Applicable
		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees			
Zip				Country 8. This corporation owes the current year Intangible.			
24	25	29 31	<u> </u>		Personal Property Tax.	□ Yes	□No
	9. Name and Address of Current	t Registered Agent		.1	10. Name and Address of New Registere	d Agent	
BOIKO BRIICE M ESO				Name	·	<u> </u>	
BOIKO, BRUCE M ESQ 7780 S.W. 117TH AVE., SUITE 100			82	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		1
MIAMI FL 33183			83	3			
(VIII)	M 1 2 33 133	•				, , , , , , , , , , , , , , , , , , , 	
			84	4 City	F	L 85 Zip	Code
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statues, the above-named corporation's submits this statement for the purpose of changing the agreement of the purpose of the purpose of changing the agreement of the purpose of changing the agreement of the purpose of the pu							
SIGNATURE	in terminal viting and decept into design						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe			ent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	ORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF ICERS	Change	
TITLE	PTDS IGLESIAS, ERCIDES	<u></u>	1.2 NAME			_	
NAME STREET ADDRESS	10391 S.W. 56TH TERRACE		1.3 STREET ADDRESS				ì
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			· 	
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME	,		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		panel	2.4 CITY			☐ Change	Addition
TITLE		DELETE	3.1 TITLE			□ cuange	
NAME			3.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY			☐ Change	Addition
NAME			4.2 NAME				ļ
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u></u>		
TITLE	•	DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		·	;	
STREET ADDRESS			1	ET ADDRESS			{
CITY-ST-ZIP		- Delete	5.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	٠,	☐ DELETE	6.1 TITLE 6.2 NAME				. LAGOROIT
NAME	• • •			ET ADDRESS			
STREET ADDRESS	RESS		6.4 CITY-	1			
CITY-ST-ZIP							

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 tructee 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, with all other like empowered.

SIGNATURE: