

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

PROFIT CORPORATION ANNUAL REPORT 1999

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



99 MAY -4 11:11:22  
STATE OF FLORIDA

DOCUMENT # P76000058095  
1. Corporation Name  
CINNAMON ENTERPRISES, INC

Principal Place of Business Mailing Address  
303 NE 187 ST # 729 MIAMI, FL 33179 303 NE 187 ST # 729 MIAMI, FL 33179

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 28 Zip Country  
24 25 29 30

3. Date incorporated or organized  
4. FEI Number 65-0638952  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 Fee, Be Added to Fees  
8. This corporation owes the current year intangible Personal Property Tax  yes  no

9. Name and Address of Current Registered Agent  
IVAN MARTIN  
13060 SW 106 ST.  
MIAMI, FL 33186

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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's signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARTIN IVAN	11 TITLE	
NAME	MARTIN IVAN	12 NAME	
STREET ADDRESS	13060 SW 106 ST	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33186	14 CITY, ST, ZIP	
TITLE	SD PULASKI LINDA	21 TITLE	
NAME	PULASKI LINDA	22 NAME	
STREET ADDRESS	745 NE 146 ST	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33161	24 CITY, ST, ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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B. 5/11/99 49A2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 checked, or on an attachment, in an address, with all other like empowered

SIGNATURE: *Ivan Martin* IVAN MARTIN 4/29/99 305 754 5005