

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017273 (9)

1. Corporation Name  
**MANES ENTERPRISES, INC.**



Principal Place of Business <b>8550 WEST FLAGLER STREET SUITE 105 MIAMI FL 33144</b>	Mailing Address <b>8550 WEST FLAGLER STREET SUITE 105 MIAMI FL 33144-2037</b>
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3. Date Incorporated or Qualified <b>02/26/1996</b>	3a. Date of Last Report <b>First Report</b>
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2. Principal Place of Business 21 <b>101407 Overseas Hwy</b> Suite, Apt. #, etc. 22 <b>Tradewinds Plaza</b> City & State 23 <b>Key Largo, FL</b> Zip 24 <b>33037</b>	2a. Mailing Address 26 <b>101407 Overseas Hwy</b> Suite, Apt. #, etc. 27 <b>Tradewinds Plaza</b> City & State 28 <b>Key Largo, FL</b> Zip 29 <b>33037</b>
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4. FEI Number <b>65-0658355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MANES, CARMEN R 85520 WEST FLAGLER ST. SUITE 105 MIAMI FL 33144</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Manes, Luis F.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>101407 Overseas Hwy</b> 83 <b>Tradewinds Plaza</b> 84 City <b>Key Largo</b> FL 85 Zip Code <b>33037</b>	
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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 607.0605, Florida Statutes.

SIGNATURE  **President** DATE **2/17/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANES, CARMEN R</b> <b>8550 WEST FLAGLER ST. SUITE 105</b> <b>MIAMI FL 33144</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President</b> <b>Luis F. Manes</b> <b>101407 Overseas Hwy</b> <b>Key Largo, FL 33037</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Treasurer</b> <b>Carmen Manes</b> <b>101407 Overseas Hwy</b> <b>Key Largo, FL 33037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **REQUIRED** DATE **2/17/97** (305) 451-5211  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)