


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED 10/22/98

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 OCT 26 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025400 (8)
1. Corporation Name

MUNRO & MUNRO ENTERPRISES, INC.

Principal Place of Business
7205 NW 19 STREET
SUITE 301
MIAMI FL 33126

Mailing Address
7205 NW 19 STREET
SUITE 301
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7205 NW 19 STREET Suite, Apt. #, etc.	26 7205 NW 19 STREET Suite, Apt. #, etc.
22 SUITE 301 City & State	27 SUITE 301 City & State
23 MIAMI, FL Zip	28 MIAMI, FL Zip
24 33126 Country	29 33126 Country
25 USA	30 USA

3. Date Incorporated or Qualified 3/18/1996	4. FEI Number 65-0659395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DEBORAH R. WAKS
DADELAND TOWERS NORTH
9200 S DADELAND BLVD.
SUITE 700
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600002674926--1
83 -10/28/98--01088--001
84 City
*****81-25
FL 85 Zip Code 25

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORIN MUNRO	1.2 NAME	OLIVIA MUNRO
STREET ADDRESS	7205 NW 19 STREET, SUITE 301	1.3 STREET ADDRESS	7205 NW 19 STREET, SUITE 301
CITY-ST-ZIP	MIAMI, FL 33126	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIA MUNRO	2.2 NAME	LORIN MUNRO
STREET ADDRESS	7205 NW 19 STREET, SUITE 301	2.3 STREET ADDRESS	7205 NW 19 STREET, SUITE 301
CITY-ST-ZIP	MIAMI, FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Olivia Munro OLIVIA MUNRO 10-22-98 (305) 471-5998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)