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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTIOF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 06 1997 8:00am Secretary of State

|   | 1991  | 9.41.10             |              |                         |                                  |   | J OI ~                                |   |
|---|---|---------------------|--------------|-------------------------|----------------------------------|---|---------------------------------------|---|
| DOC   | UMENT # P9600002  | 7849                |              |                         |                                  |   |                                       |   |
| 1. Corporation Harne                            |   |                     |              |                         |                                  |   |                                       |   |
|   | NERY'S ENTERPRI   | SE, INC.            |              |                         | ٠                                |   |                                       |   |
|   |   |                     |              |                         |                                  |   |                                       |   |
| Principal Place of Business Mailing Address     |   |                     |              |                         |                                  |   |                                       |   |
| 17456 NW. 76th. Ct. 17456 NW. 76th. Ct.         |   |                     |              |                         |                                  |   |                                       |   |
| ialea   | ah, Fl. 33015-6168  |                     |              |                         | 168                              |   |                                       |   |
| ·   |   |                     |              |                         |                                  | 3. Date Incorporated or Qualified   | 3a. Date of Last F                    | leport  |
| Principal Place of Business 28. Mailing Address |   |                     |              |                         | 03-29-95<br>4. FEI Number        | Initial   | . P. 15                               |   |
| Za. Maining Addi                                |   |                     | Addiess      |                         |                                  | 65-0698068  | <del>  </del>                         | oplied For<br>of Applicable                         |
| Suite Apr #, etc. Suite, Apt. #, etc.           |   |                     | <u>-</u>     | <del></del>             | 5. Certificate of Status Desired | \$8.75  |                                       |   |
| 27  |   |                     |              |                         | Fee Required                     |   | · · · · · · · · · · · · · · · · · · · |   |
| City & State                                    |   |                     | City & State |                         |                                  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |                                       |   |
| <br>Ζιρ   | Country   |                     |              | Country                 |                                  | 8. This corporation has liability for intangible tax under s. 199.032,  |                                       |   |
| -m  | 25  | 29                  |              | 30                      |                                  | Ftorida Statutes  | Yes No                                |   |
|   | 9. Name and Address of Cu                                     | rrent Registered Ag | jent         | 81                      | L Maria                          | 10. Name and Address of New Re  | gistered Agent                        |   |
| •   |   |                     |              | 91                      | Name                             |   |                                       |   |
| Oswaldo Quintana<br>17456 NW. 76th. Ct.         |   |                     |              | 82                      | Street Add                       | dress (P.O. Box Number is Not Acceptal  | ble)                                  |   |
|   |   |                     |              | 83                      |                                  |   |                                       |   |
| Hialeah, F1. 33015-6168                         |   |                     |              | 84                      | City                             |   | 85 Zip                                | Code  |
|   |   | _                   |              | ,                       |                                  |   |                                       |   |
| SNATUR  | E OSWA/DO YV<br>Signat de Egiski - plated har ic et réglitere | AND DIRECTORS       |              | <u> </u>                |                                  | rporation submits this statement for the lation's board of directors. I hereby accellulations board of directors are the statement for the lating when reinstating.  ADDITIONS/CHANGES TO OFFICE. | DATE                                  |   |
| <br>F   |   |                     | DELETE       | 1.1 TITLE               |                                  | ADDITIONO/OFFICE TO OFFI  | Change                                | Addition  |
| <b>'</b>  | D P<br>Nereyda Castro Q                                       | hiintana            |              | 1.2 NAME                | }                                |   |                                       |   |
| ET AUCIETS                                      | 17456 NW. 76th. Ct. Hialeah, F1.                              |                     | , F1.        | 13 STREET ADDRESS       |                                  |   |                                       |   |
| - 51 - 761                                      |   |                     | DELETE       | 14 CITY - S<br>21 TITLE | ST-ZIP                           |   | Change                                | Addition  |
| ÷   | D.VP<br>Oswaldo Quintana                                      | •                   |              | 22 NAME                 |                                  |   | o,go                                  | / sourpoil  |
| T ASORES  |   |                     | . F1         | 2 3 STREET              | ADDRESS                          |   |                                       |   |
| S1.70   | 1/430 1181 /00111   |                     | •            | 2. 4 CITY -             | \$1-2IP                          |   |                                       | T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2             |
|   |   | l.                  | DELETE       | 3 1 TITLE<br>3 2 NAME   |                                  |   | Change                                | Addition  |
| T AUDRE!  | 98  |                     |              | 33 STREE                | ADDRESS                          |   |                                       |   |
| \$1-70  |   |                     |              | 3.4. CITY-              |                                  |   |                                       |   |
|   |   |                     | DELETE       | 4.1 TITLE               |                                  |   | Change                                | Addition  |
|   |   |                     |              | 4 2 NAME                | 1                                |   |                                       |   |
| ELADOZES<br>CLESOS                              | V-1   |                     |              | 4.3 STREET              |                                  |   |                                       |   |
| \$1 - 701                                       |   |                     | DELETE       | 4.4 CITY-5<br>5.1 TITLE | or-ZIP                           | 80000217  | L Change                              | Addition  |
| :   |   | _                   |              | 5.2 NAME                |                                  | 80000217<br>-05/14/97010  | 93039                                 |   |
| EF ADDEC  | 20  |                     |              | 5 3 STREET              | T ADDRESS                        | ***165.00   |                                       |   |
| SL 70   |   |                     |              | 5 4 CITY-5              | ST - ZIP                         | ······  |                                       | <b>F</b> (-2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2 |
|   |   |                     | DELETE       | 6.1 TrTLE               |                                  |   |                                       | Addition  |
| <b>!</b> }                                      |   | ,                   | L. J DEREIL  |                         |                                  |   | Change                                |   |
| Cr. American                                    |   | •                   | La Detti     | 6.2 NAME                | r Annocee                        |   | L3 Change                             |   |
| UELADOME<br>KISE ZU                             | <i>a</i>  | ,                   | L. J. DELLIE |                         |                                  |   | L3 Change                             | 05  |

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