Daytime Phone #

FOR PROFIT CORPORATION

DOCUMENT # P9 160000 33 78 2 FILED 1. Stray Marie Enrigana Comparation 02 JUL -3 PH 1: 44 SECRETARY OF STATE TALLAHASSEE FLORD DO NOT WRITE IN THIS SPACE 2. Finding all Place of Environmental Place of	UNIFORM BUSI	NESS REPOR	T (UBR)	· · · ·
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3. 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 report or supplemental 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 trusted empowered to execute this poort as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an arrangement with an address with all provides the empowered.	Thereby certify that the information supplied windicated on this report or supplemental record	th this filing does not qualify for the and accurate and that m npowered to execute this coon armonwered.	the exemption stated in Sec	ction 119.07(3)(i), Fforida Statutes. I further certify that the information ame legal effect as if made under oath: that I am an officer or director 7. Florida Statutes; and that my name appears in Block 11 or on an

NTEO NAME OF SIGNING OFFICER OR DIRECTOR

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Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ENIGMA**, **CORPORATION**Thank you for your courtesy in this matter.

HECTOR FURNARI

PRESIDENT