SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT QUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVED

97 JUL 25 AM 9: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporatio	n Name NTERPRIS	BES, INC.	UUUU34	420 (5))								
220 S.E. 18T			220 S.E. 1ST STREET				- 1						
DANIA FL	V111461		DANIA FL										
								ļ		O NOT WRIT			
									 Date Incorporated 04/19/1996 	d or Qualified	3a. D	ate of Last R	eport
2. Principal P	lace of Busin	ness	2a. Ma	2a. Mailing Address					4 FELNlumber	0/10	A 6	Ar	plied For
21			26	·					65-00	644	78	No	t Applicable
Suite, Apt.	#, etc.		27 Su	Suite, Apt. #, etc.				1	5. Certificate of State	us Desired		\$8.75 / Fee Re	
City & State	е			City & State				1	6. Election Campaig Trust Fund Contrib	-	П	\$5.00 Added	
Zip		Country		Zip Cou					8. This corporation of				
24	25			29 30					Personal Property				No
			Current Registers	d Agent		81			Name and Addre	ss of New R	egistered	Agent	•
PO RZIO, PAUL J							Name	9					
	S.E. 1ST					Street	Address	(P.O. Box Number is	Not Accepta	ible)			
DANIA FL 33004					83								
						0.5							
						84	City		FL 85 Zip Code				
11. Pursuant i	to the provis	ions of Sections 6 ent, or both, in the	07.0502 and 607.1 State of Florida. Solutions of, Se	508, Florida Statu Such change was	ites, the	above zed by	named the cor	d corporat	tion submits this state s board of directors.	ement for the hereby acce	purpose o	f changing it pointment as	s registered registered
SIGNATURE													
12.	Signature, typed		ered agent and title if app RS AND DIRECTO		TE: Registe		nt signature	re required wh	nen reinstating)	CEC TO OFF	DATE OF A NE	DIRECTOR	0.151.40
TITLE	PSD	OFFICE	IS AND DIRECTO	DELETE		TITLE			ADDITIONS/CHAN	GES TO OFFI	ICERS AIN	Change	Addition
NAME		, PAUL J		1.2 N 1.3 SI			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
STREET ADDRESS		IST ST.							200	002 2 -07/30/	2,53	1,32	9
CITY-ST-ZIP	DANIA F	L 33004								~U1/3U/ -**** 1€	չը ստ Մայլում	1105	
TITLE	VID			☐ DELETE 2.1 1)3.UU -	☐ Change	Addition
NAME		S, CESAR		2.2 N									
STREET ADDRESS		IST ST.		2.3 5			ADDRESS						
CITY-ST-ZIP	DANIA F	L 33004				4 CITY - S	T-ZIP	ļ				-	
TITLE				DELETE 3.1								☐ Change	Addition
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE			· · · · ·	DELETE		I CITY-S I TITLE	1-211	1				Change	Addition
NAME						2 NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-S							
TITLE				DELETE		TITLE			1			☐ Change	Addition
NAME	E			5.2 N/		NAME		M	7129				,
STREET ADDRESS			5.3 ST		STREET	EET ADDRESS		11.					
CITY-ST-ZIP					5.4	CITY-S	r-ZIP						
TITLE				DELETE	6.1	TITLE						Change	Addition
NAME					6.2	NAME							
						STREET	ADDRESS						
CITY-ST-ZIP					64	CITY-S	- ZIP			•			

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.