

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000044207 (4)

1. Corporation Name
ENOS, INC.



Principal Place of Business

421 S.W. 28TH ROAD
MIAMI FL 33129

Mailing Address

421 S.W. 28TH ROAD
MIAMI FL 33129-2618

2. Principal Place of Business

21 359 MIRACLE MILE
Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 U.S.A

2a. Mailing Address

26 359 MIRACLE MILE
Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 U.S.A

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

4. FEI Number

65 067 3865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WILSON, TODD
421 S.W. 28TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

WILSON, TODD

82 Street Address (P.O. Box Number is Not Acceptable)

359 MIRACLE MILE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILSON, TODD
STREET ADDRESS 421 S.W. 28TH ROAD
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

TITLE D
NAME MELENDEZ, MAURICIO
STREET ADDRESS 421 S.W. 28TH ROAD
CITY-ST-ZIP MIAMI FL 33129 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME WILSON, TODD ☒ Change ☐ Addition
13 STREET ADDRESS 359 MIRACLE MILE
14 CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

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

11/14/97

305.445-7010

CR2E034 (9/96)