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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P96000052241 (2)

DOCU 1. Corporatio E & S	MENT # P96000 ENTERPRISES INTERNATION	052241 (2) IAL, INC.)				
Principal Plac	ce of Business	Mailing Address)(E(0)00 7 0 E0
1868 SOUTHWEST 158 AVENUE PEMBROKE PINES FL 33027		1668 SOUTHWEST 158 AVENUE PEMBROKE PINES FL 33027					
					DO NOT WRITE		
					3. Date Incorporated or Qualified 06/19/1996	3a. Date of	Last Heport
2. Principal Place of Business 21		26. Mailing Address 26			4. FEI Number		Applied For
					65-0673627		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	112	3.75 Additional	
City & State		City & State				Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa		
24	25 29 30		30	This corporation offee of the paid the carrett year intaing			
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent	
	ERILAWYER CHARTERED		8	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
				3			
			•	.3			
			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Stati	utes, the abo	ve-named co	rooration submits this statement for the r		laina its registered
office or r agent. I a	registered agent, or both, in the State or am familiar with, and accept the obligat	f Florida. Such change was ions of, Section 607.0505. I	authorized Iorida Statut	by the corpora les.	rporation submits this statement for the pation's board of directors. I hereby accept	pt the appointm	ent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the dispersion of the	/	Annal sinnel an ann	uired whon reinstating)	DATE	
12.	OFFICERS AND		13.	rgent algrantite requ	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE				hange Addition
NAME	MEYERSON, STEPHEN D		1.2 NAM	E			
STREET ADDRESS	1668 SOUTHWEST 158 AVENU	IE .	1.3 STRE	EET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CiTY	-ST-ZIP			
TITLE	VSD	☐ DELETE	2.1 TiTL	i i			hange Addition
NAME	FORBES-MEYERSON, EMANCIA		2.2 NAM	E			
STREET ADDRESS 1688 SOUTHWEST 158 AVENUE		lE .	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33027	- I courie		(-ST-ZIP			
TITLE	}	DELETE	3 1 TITLI	- 1		1 €	hange
NAME			3.2 NAM	j			
STREET ADDRESS				ET ADDRESS			
CITY-\$1-ZIP		DELETÉ	3.4. CITY 4.1 TITU	/-ST-ZIP		Пс	hange Addition
NAME	_, Section		4. 2 NAN			۵v	nunge
STREET ADDRESS				ET ADDRESS			:
CITY-ST-ZIP				- \$1 - ZIP			
TITLE		☐ DELETE	5.1 TITLE				hange Addition
NAME	1		5.2 NAM	E			
STREET ADDRESS]		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			<u> </u>
TITLE		☐ DELETE	61 TiTLI	:		C	hange Addition
NAME			62 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	l		6.4 CITY	-ST-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.

SIGNATURE:

MULI DIENURAL 7/22