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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

196000 53112 DOCUMENT #

ENTEAPRISES, INC. Kiso

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

7260 5W 7 Staget Miami, FL 33144

Same

May 10, 1999 8:00 am Secretary of State 05-10-1999 90273 043 ***150.00

DO NOT WRITE IN THIS SPACE

 \Box

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed 6-21-96

5. Certificate of Status Desired

65-068029

29	City & State	e	City & State				6. Election Campaign Financing	П		0 May Be	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent Past Ranka 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 83 Name 84 City FL 85 Zip Code 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 agent. or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. and accept the obligation of Section 607.0505, Florida Statutes. Statutes. SIGNATURE Signature, typed or preservation of registered agent agent are signatured agent age	23		28				Trust Fund Contribution		Adde	d to Fees	
9. Name and Address of Current Registered Agent Past Rawa	Zip	Country	Zip	Country	У		8. This corporation owes the cu	rrent year Inta	_	_,	
Past Name Language Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	24	25	29	30				_		L/No	
PAST Name Change Addition	Name and Address of Current Registered Agent										
## City FL 85 Zip Code	Pasta, Lava					me					
## City FL 85 Zip Code		1 monda rocked 62					s (P.O. Box Number is Not Accep	table)			
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, 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, 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, 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, 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, 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, or both, and agent age	Taba sul 7 staget										
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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, 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, 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, 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, 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, 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, or both, and agent age	W:	iam: al 33	144	0.	1 6				06 7	n Code	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Thereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	' '	1, and 1 LC 22	111	04		у		FL	65 -	p Code	
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hypod or printed name of registered agent and title if application (NOTE: Registered Agent signature recurred when reinstature) DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	utes, the abov	e-nar	ned corpor	ation submits this statement for the	e purpose of	hanging	its registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature recurred when reinstating) DATE	office or n	egistered agent, or both, in the State	of Florida. Such change was	authorized by	/ the c	corporation	s board of directors. I hereby acce	ept the appoin	tment as	registered	
Signature, typod or printed name of registered agend and the if applicable (NOTE: Respitatored Application view in retinatoring) DATE	ļ	m laminal with and decept the oblige	51, 55511511 557 15555, 17							į	
TITLE	SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOT	TE: Registered Age	nt signa	iture required w	hen reinstating)	DATE			
NAME	12.	OFFICERS AI	D DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN	DIREC	TORS IN 12	
1.3 STREET ADDRESS	TITLE		☐ DELETE	1.1 TITLE					☐ Chang	e 🗌 Addition	
1.3 STREET ADDRESS	NAME	Pastrana, Lowros	V	12 NAME						ł	
CITY-ST-ZIP	STREET ADDRESS			1.3 STREE	TADDR	ESS					
TITLE)		(44	1.4 CITY-1	ST-ZIP	1					
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	·		☐ DELETE	21 TITLE					Chang	e 🔲 Addition	
23 STREET ADDRESS 2.4 CITY-ST-ZIP	NAME	Dost Roug Yolanda		2.2 NAME							
TITLE	STREET ADDRESS			2.3 STREE	TADDR	ESS					
TITLE	l •	Mig. W. 61- 331	44	2.4 CITY-	ST-ZIP						
NAME		11-11-11-11-11-11-11-11-11-11-11-11-11-	☐ DELETE	-i $-$					Chang	e 🔲 Addition	
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TITLE DELETE 6.1 TITLE Change Addition	{			ll l						}	
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	NAME			6.2 NAME							

14. 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 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 articlement with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #