## 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

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Aug 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065789 (5)

MTE ENTERPRISES, INC.

9800 NW 44TH TERRACE. #306   9800 NW 44TH TERRACE. #306   MIAMI FL 33178   DO NOT WRITE IN THIS SPACE						
MAMI FL 33178	Principal Place of Business Mailing Address		······································		0111 10110 11101 E1111 10101 <del>15</del> 116 1011 1001	
Principal Place of Businoss   2a. Maling Address   4. Ft. Number   5.5—0.701964   N. / A.    2. Principal Place of Businoss   2a. Maling Address   4. Ft. Number   6.5—0.701964   N. / A.    2. Sulle, Apt. #. etc.   27   7.    2. City & State   27   29   20   29   30   8. The original place of Businoss   2a. Maling Address   4. Ft. Number   6.5—0.701964   N. / A.    2. City & State   27   29   20   20   29   30   8. The original place of Businos   8. Ft. Address   Fee Required   Fee						
2. Principal Place of Business   2a, Mailing Address   2a, Mailing	MiAMI FL 33178	MIAMI FL 33178			DO NOT WRIT	E IN THIS SPACE
Principal Place of Business   2a. Melling Address   2a. Melling						
2. Minipal Place of Business   2. Minipal Address					08/07/1996	N/A
SUITE, April **, etc.    State		——————————————————————————————————————			4. FEI Number	<del></del>
SUITE, April **, etc.    State	21				65-0701964	<del></del>
City & State     City	Suite, Apt. #, etc.				5. Certificate of Status Desired	
Zip   Country   Zip   Since   Country   Since	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip   Country   Zip   Since   Country   Since	23				Trust Fund Contribution	Added to Fees
ERWIN, MARK W 9900 NW 44TH TERRACE, \$306 MIAMI FL 33178  181 Name N / A 2 City FL 85 Zip Code Registered Agent with the State of Friorias Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent. The familiar with, and accept the obligations of Sociolon 607 0502 and 607 1506, Fiorias Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered agent. The familiar with, and accept the obligations of Sociolon 607 0505, Fiorias Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered agent. The familiar with, and accept the obligations of Sociolon 607 0505, Fiorias Statutes.  SIGNATURE Signature, types or provide have a previous familiar with a state of Friorias Statutes. The above-named corporation's board of directors. I heroby accept the appointment as registered agent. The familiar with, and accept the obligations of Sociolon 607 0505, Fiorias Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  PRIVIN, MARK W 900 NW 44TH TERRACE, \$306  MIAMI FL 33178  13. SIRET ADDRESS  NIAMI FL 33178  14. CITY-ST-ZP  15. PARKET ADDRESS  15. SIRET ADDRESS  16. Change Addition  MAME  STREET ADDRESS  17. ST-ZP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. Change Addition  19. Change Addi	Zip Country	<u> </u>	<b>├</b> ── <b>1</b>	гу		
ERWIN, MARK W 9000 NW 44TH TERRACE, #306 MIAMI FL 33178  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent in the familiar with, and eccept the obligations of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent in the familiar with, and eccept the obligations of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent in the familiar with, and eccept the obligation of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent and except the obligation of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent and except the obligation of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent and except the obligation of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent and except the obligation of Section 607,0508, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment at registered agent and except the obligation of Section 607,0508, Floride Statutes, the above-named corporation is board of directors. I hereby accept the			[30]			
900 NW 44TH TERRACE, #306 MIAMI FL 33178  B2   Street Address (P.O. Box Number is Not Acceptable)  B3   Street Address (P.O. Box Number is Not Acceptable)  B4   City   FL   85   Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1566, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In femiliar with, and accept the obligations of, Socione 607.0502 and 607.1566, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and members agent and members age		ent negisteren Agent	8	1 Name	<del></del>	ogistoree Agoin
MIAMI FL 33178  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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, and accept the obligations of, Socion 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. United Deleter 11. Title Deleter 11. Title Deleter 11. Title Deleter 11. Title Deleter 12. Title Deleter 13. Title Deleter 13. Title Deleter 14. City-St-Zip Deleter 14. City-St-Zip Deleter 15. Title D			L.	1/4		
83   84   City			8	2 Street Add	Bress (P.O. Box Number is Not Accepta	ible)
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, it en it emitter with, and accept the obligations of socion 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DELETE  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE	MIMITE 33170		8	3		
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, it en it emitter with, and accept the obligations of socion 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DELETE  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE			8	4 City		85 Zip Code
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are though a decept the obligations of, Sociolo 607.0505, Floridad Statutes.  SIGNATURE    12.				'		
SIGNATURE	I office or registered agont, or both, in the Sta	ite of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered appointment as registered
Signature typodo or princed agenet and tell of appricable.   Chicago   Chi	'	igations of, Section 607.0505, F	lorida Statut	es.	•	
TITLE	SIGNATURE Signature, typed or printed name of registered a	agont and title if applicable. (NC	TE: Registered A	gent signature requ	uired when reinstating)	DATE
NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33178   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   MIAMI FL 33178   1.4 CITY-ST-ZIP   MAME   Change   Addition   Add					ADDITIONS/CHANGES TO OFFI	
STREET ADDRESS   SPOON NW 44TH TERRACE, #306   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	1 -	☐ DELETE				L_ Change L_ Addition
MIAMI FL 33178		4000				
DELETE   DELETE   DELETE   21 TITLE   Change   Addition	ARIANAI PLAAARA	#306				
NAME   STREET ADDRESS   9900 NW 44TH TERRACE, #306   23 STREET ADDRESS   COTY-ST-ZIP   MIAMI FL 33178   24 CITY-ST-ZIP		DELETE				Change Addition
STREET ADDRESS   9900 NW 44TH TERRACE, #306   2.3 STREET ADDRESS   2.4 CHY-ST-ZIP	" ==	been				
City-st-zip   MIAMI FL 33178		#306				
TITLE         DELETÉ         31 TITLE         Addition           NAME         32 NAME         32 NAME	1014141 Ft 00470	* 000		·		
STREET ADDRESS   33 STREET ADDRESS		☐ DELET <b>E</b>				Change Addition
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TITLE         DELETE         41 TITLE         Change         Addition           NAME         4 2 NAME         43 STREET ADDRESS         CITY-ST-ZIP         44 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP         Change         Addition	STREET ADDRESS		3 3 STAE	ET ADDRESS		
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	CITY-ST-ZIP		3 4. CITY	-ST-ZIP		
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP	TITLE	DELETE	41 TiTU			Change Addition
A4 CITY-ST-ZIP	NAME		4. 2 NAN	IE		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS         CITY-ST-ZIP	STREET ADDRESS		4.3 STRE	ET ADDRESS	•	
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP						
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THE 1 CHARLE BENEFITE		T DELETE				Channe Addition
NAME 6.2 NAME	1					C. Charge C. Modified
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	CITY-ST-ZIP			1		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes of on an attachment with an address.