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

Mailing Address 2742 SW 8 STREET #201 MIAMI FL 33195-4659

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	# P96	00006	8819	(7)

## **EN FUEGO INC**

Principal Place of Business

2. Principal Place of Business

Suite Apt. #, etc.

City & State

21

22

2742 SW 8 STREET #201 MIAMI FL 33135 FILED Apr 09 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



3. Date Incorporated or Qualified 08/19/1996

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Contribution	☐ Added	to Fees
Zφ	Country	Zip	Cou	Country		8. This corporation has liability fo		s. 199.032,
24	25	29	30				Yes 🔀 No	
	Name and Address of Current	Registered Agent		-41		10. Name and Address of New F	Registered Agent	
	lez, jose l			81	Name			
	N 8 STREET #201		į	82	Street Addre	ess (P.O. Box Number is Not Accepta	able)	
Miami F	°L 33135					· · · · · · · · · · · · · · · · · · ·		
				83				ľ
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip	Code
office or regist agent. I am fa	e provisions of Sections 607.0502 tored agent, or both in the State miliar with, and accept the obligat	and 607.1508, Florida Statut of Florida Such change was tions of Section 607.0505, Flo	les, the at authorized orida Stat	oove d by utes.	-named corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appointment a	its registered s registered
SigNATURE Signs	if we typed or ported name of regulatored agen	and title il applicable NOT	E: Registered	1 Apen	nt signature require	d when reinstating)	3-11-97 DATE	***
12.	OFFICERS AMD	A44-4	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12 😧
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	onzalez, jose l		1.2 N/	AME	İ			8
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NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY - S1- ZIP				ITY-S!				ļ
14. I do hereby or information in I am an office	dicated on this annual report or su	upplemental annual report is t the receiver or trustee empor	ify for the true and a vered to a	exer	mption stated	in Section 119.07(3)(i), Florida Statu my signature shall have the same let t as required by Chapter 607, Florida	gal effect as if made u i Statutes; and that my	inder oath; that name
SIGNATUR	RE:				i	3-1/- 47 Date	643-221	18
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date		5329