

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

0234185

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90132 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075136

1. Corporation Name
SANTOS ENTERPRISES, INC.



Principal Place of Business 1530 NE 130TH STREET APT-5 NORTH MIAMI FL 33161 US	Mailing Address 1530 NE 130TH STREET APT-5 NORTH MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 840 N.E. 212 TERRACE Suite, Apt. #, etc. 22 UNIT 7C City & State 23 North Miami Beach FLORIDA Zip Country 24 33179 US	2a. Mailing Address 26 840 N.E. 212 TERRACE Suite, Apt. #, etc. 27 UNIT 7C City & State 28 North Miami Beach FLORIDA Zip Country 29 33179 US
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3. Date Incorporated or Qualified 09/06/1996	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SANTOS, PATRICK A 1530 NE 130TH STREET APT-5 NORTH MIAMI FL 33161	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Patrick A Santos (NOTE: Registered Agent signature required when reinstating) DATE 04-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS SANTOS, PATRICK A. CITY-ST-ZIP 1530 NE 130TH ST, APT 5 N. MIAMI FL 33161		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME P 1.3 STREET ADDRESS Santos, Patrick 1.4 CITY-ST-ZIP 840 N.E. 212 TERRACE UNIT 7C NORTH MIAMI BEACH, FLORIDA 33179	
TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS DA SANTOS, GLADYS CITY-ST-ZIP 1530 NE 130TH STREET, APT 5 N. MIAMI FL 33161		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VP 2.3 STREET ADDRESS DA SANTOS GLADYS 2.4 CITY-ST-ZIP 840 N.E. 212 TERRACE - UNIT 7C NORTH MIAMI BEACH FLORIDA 33179	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DA SANTOS, PATRICK CITY-ST-ZIP 1200 W AVE, APT 415 N. MIAMI FL 33139		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DA SANTOS, MICHAEL R. CITY-ST-ZIP 1530 NE 130TH ST, APT 5 N. MIAMI FL 33161		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME D 4.3 STREET ADDRESS DA SANTOS MICHAEL R 4.4 CITY-ST-ZIP 840 N.E. 212 TERRACE UNIT 7C NORTH MIAMI BEACH, FLORIDA 33179	
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS DA SANTOS, BERNARD CITY-ST-ZIP 1530 NE 130TH ST, APT 5 N. MIAMI FL 33161		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME D 5.3 STREET ADDRESS DA SANTOS BERNARD 5.4 CITY-ST-ZIP 840 N.E. 212 TERRACE UNIT 7C NORTH MIAMI BEACH FLORIDA 33179	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: Patrick A Santos DATE 04-29-99 DAYTIME PHONE # 305-652-4590

CR2E034 (11/98)