FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT -6 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000083072 (4)**

1. Corporation Name
SANDENA ENTERPRISES, INC.

Principal Place of Business
911 N. MAIN STREET
SUITE 5
KISSIMMEE FL 34744

Mailing Address
911 N. MAIN STREET
SUITE 5
KISSIMMEE FL 34744-4520

3. Date Incorporated or Qualified: **10/08/1996**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59343 7530 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TORRES, ALFRED
911 N. MAIN STREET
SUITE 5
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002317771--9 -10/10/97--01098--001
84 City ****165.00 FL ****165.00

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	TORRES, ALFRED	
STREET ADDRESS	911 N. MAIN STREET, SUITE 5	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	CESAR J. OTERO PRESIDENT	☐ DELETE
NAME	P.O. Box 888.	
STREET ADDRESS	QUEBRADILLAS, PUERTO RICO	
CITY-ST-ZIP	00678	
TITLE	UNA J. OTERO SECRETARY TREASURER	☐ DELETE
NAME	P.O. Box 888.	
STREET ADDRESS	QUEBRADILLAS, PUERTO RICO	
CITY-ST-ZIP	00678	
TITLE	DEANNA M. OTERO Vice President	☐ DELETE
NAME	P.O. Box 888	
STREET ADDRESS	QUEBRADILLAS, PUERTO RICO	
CITY-ST-ZIP	00678	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CESAR J. OTERO PRESIDENT	☑ Change ☐ Addition
1.2 NAME	P.O. Box 888 N/A	
1.3 STREET ADDRESS	QUEBRADILLAS, P.R. 00678	
1.4 CITY-ST-ZIP		
2.1 TITLE	UNA J. OTERO SECRETARY-TREASURER N/A	☐ Change ☑ Addition
2.2 NAME	P.O. Box 888	
2.3 STREET ADDRESS	QUEBRADILLAS, P.R. 00678	
2.4 CITY-ST-ZIP		
3.1 TITLE	DEANNA M. OTERO VICE PRESIDENT N/A	☐ Change ☑ Addition
3.2 NAME	P.O. Box 888	
3.3 STREET ADDRESS	QUEBRADILLAS, P.R. 00678	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100002317771--1	☐ Change ☐ Addition
5.2 NAME	-10/10/97--01098--002	
5.3 STREET ADDRESS	****385.00 ****385.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CR2E034 (9/96)