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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

15351 SW 43RD TERRACE

2. Principal Place of Business

appears in Block 12 or Block #5"

SIGNATURE:

Suite, Apt. #, etc.

MIAMI FL 33185

21

P96000088725 (2)

26

Mailing Address

15351 SW 43RD TERRACE

MIAMI FL 33185-5209

2a. Mailing Address

Suite, Apt. #, etc.

E & N MARKETING, CORP.

5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** NIETO, RODOLFO JR. 15351 SW 43RD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 83 84 City Zip Code 65 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 farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or ponted name of registers of agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1.1 TITLE Change Addition NIETO, RODOLFO JR. NAME 1.2 NAME CR2E034 15351 SW 43RD TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33185** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NIETO, EMPERATRIZ NAME 2.2 NAME 15351 SW 43RD TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33185 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 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 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 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 of 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

chment with an address

FILED
Jan 15 1997 8:00am
Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualified

- 07*0*3226

10/28/1996

FEJ Number