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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088941 (5)

E.N.G. EXECUTIVE GROUP, INC.

Mailing Address Principal Place of Business 14629 SW 104TH ST. #507 14829 SW 104TH ST. #507 MIAMI FL 33186 MIAMI FL 33186-2905 3. Date Incorporated or Qualified 3a. Date of Last Report 10/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-070306**&** Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zipi Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name IZQUIERDO. LEONOR 14629 SW 104TH ST. #507 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 City Zip Code 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. Segmental typoid or printed name of registered agent and trib if applicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) (6) Change Addition TITLE D DELETE 1.1 TITLE IZQUIERDO, LEONOR 1.2 NAME CR2E034 NAME 14629 SW 104TH ST. #507 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE PIEL. RONELL NAM 22 NAME 14629 SW 104TH ST. #507 23 STREET ADDRESS STREET ADDRESS **MIAM! FL 33186** 2.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAMÉ STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-\$1-7P DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST 20 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-2(P 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.

6.3 STREET ADDRESS 6.4 City-St-Zip

6.1 TITLE

6.2 NAME

SIGNATURE

THLE

NAME STREET ADDRESS

CITY-ST-ZIP

LEONOR LZ QUIENDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

DELETE

27/97 (305) 4083159 Dayting Phone 9

Change

Addition

FILED

Mar 04 1997 8:00am

Secretary of State