

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090308 (3)
 1. Corporation Name
SUNTRUST ENTERPRISES, INC.



Principal Place of Business 13006 SW 120TH ST STE B MIAMI FL 33186	Mailing Address 13006 SW 120TH ST STE B MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13004 SW 120 ST.	26 13004 SW 120 ST			11/04/1996	
Suite, Apt. #, etc. 22 STE B		Suite, Apt. #, etc. 27 STE. B.		4. FEI Number	
City & State 23 Miami, FL		City & State 28 Miami, FL		65-0704939	
Zip 24 33186	Country 25 U.S.A.	Zip 29 33186	Country 30 U.S.A.	Applied For Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GUTIERREZ, SILVIA 13006 SW 120 ST SUITE B MIAMI FL 33186				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUTIERREZ, SILVIA 13006 SW 120 ST SUITE B MIAMI FL 33186				81 Name SILVIA GUTIERREZ			
				82 Street Address (P.O. Box Number is Not Acceptable) 13004 SW 120 ST.			
				83 STE B			
				84 City Miami, FL FL 85 Zip Code 33186			

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]*
 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, SILVIA			1.2 NAME	SILVIA GUTIERREZ		
STREET ADDRESS	13006 SW 120 ST., SUITE B			1.3 STREET ADDRESS	13004 SW 120 ST. STE B		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *[Signature]* **3/12/98 (305)378-9894**

CR2E034 (10/97)