

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

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Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000090600 (3)**

1. Corporation Name  
**SUSAN'S ENTERPRISES, INC.**



Principal Place of Business <b>1101 BRICKELL AVENUE SUITE 1801 MIAMI FL 33131-3153</b>	Mailing Address <b>1101 BRICKELL AVENUE SUITE 1801 MIAMI FL 33131-3121</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/05/1996</b>	3a. Date of Last Report <b>N/A</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0709207</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>LUIS S. KONSKI, P.A.</b> <b>1101 BRICKELL AVENUE</b> <b>SUITE 1801</b> <b>MIAMI FL 33131-3153</b>	<b>10. Name and Address of New Registered Agent</b> 81. Name <b>JAY L. MAYER</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>10851 LONDON STREET</b> 83. 84. City <b>COOPER CITY</b> <b>FL</b> 85. Zip Code <b>33026</b>
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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 *Jay L. Mayer* **JAY L. MAYER - VICE PRESIDENT** DATE **4/1/97**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, SUSAN L.	1.2 NAME	MAYER, SUSAN LEE
STREET ADDRESS	% 1101 BRICKELL AVENUE, SUITE 1801	1.3 STREET ADDRESS	10851 LONDON STREET
CITY-ST-ZIP	MIAMI FL 33131-3153	1.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, JAY L.	2.2 NAME	MAYER, JAY L.
STREET ADDRESS	% 1101 BRICKELL AVENUE, SUITE 1801	2.3 STREET ADDRESS	10851 LONDON STREET
CITY-ST-ZIP	MIAMI FL 33131-3153	2.4 CITY-ST-ZIP	COOPER CITY, FL 33026
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 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.

SIGNATURE: *Jay L. Mayer* **JAY L. MAYER - VICE PRESIDENT** DATE **4/1/97** TELEPHONE **954-435-6620**

CR2E034 (9/96)