

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

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Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McNair Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **D 96000091433**
1. Corporation Name **Montesa Enterprise Inc.**
391 NW 58th Ave
Miami FL 33126-4723

Principal Place of Business Mailing Address
391 NW 58th Ave
Miami FL 33126-4723

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

3. Date Incorporated or Qualified Nov 4, 1996	3a. Date of Last Report
4. FEI Number 65-0711594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Alicia E. Salvador
391 NW 58th Ave
Miami FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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.

SIGNATURE **Alicia E. Salvador**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	Alicia E. Salvador <input checked="" type="checkbox"/> DELETE
NAME	391 NW 58 Ave.
STREET ADDRESS	Miami FL 33126
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PD	Alicia E. Salvador <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	391 NW 58 Ave.
13 STREET ADDRESS	Miami FL 33126
14 CITY-ST-ZIP	
21 TITLE <input type="checkbox"/> DELETE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> DELETE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> DELETE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> DELETE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> DELETE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

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: **Alicia E. Salvador**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **April 28, 1997 (561) 361-9190**
Daytime Phone #

CR2E034 (9/96)