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FILED
Apr 24 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 # **P96000092382 (6)**

1. Corporation Name

M.R.P. ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 5608
HIALEAH FL 33014-1608**

Mailing Address

**P.O. BOX 5608
HIALEAH FL 33014-1608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1996	
21		26		4. FEI Number 65-0736313	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**PERALTA, MILAGROS R
6623 NW 174TH LN.
MIAMI FL 33015**

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 of 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1	TITLE
NAME	PERALTA, MILAGROS R	1.2	NAME
STREET ADDRESS	6623 NW 174T LN.	1.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33015	1.4	CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1	TITLE
TITLE		2.2	NAME
NAME		2.3	STREET ADDRESS
STREET ADDRESS		2.4	CITY-ST-ZIP
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1	TITLE
TITLE		3.2	NAME
NAME		3.3	STREET ADDRESS
STREET ADDRESS		3.4	CITY-ST-ZIP
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1	TITLE
TITLE		4.2	NAME
NAME		4.3	STREET ADDRESS
STREET ADDRESS		4.4	CITY-ST-ZIP
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1	TITLE
TITLE		5.2	NAME
NAME		5.3	STREET ADDRESS
STREET ADDRESS		5.4	CITY-ST-ZIP
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1	TITLE
TITLE		6.2	NAME
NAME		6.3	STREET ADDRESS
STREET ADDRESS		6.4	CITY-ST-ZIP
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

4/15/98

CR2E034 (10/97)