FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				_ FILED	
PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Aug 17 1998 8:00am Secretary of State	
•	N\$PORT ENTERPR	ISE, INCOR	PORATION		
Principal Place of		Mailing Address	152 cm		
13727 SW 152 ST. 13727 SW MIAMI, FL 33177 MIAMI, FD			DO NOT WRITE IN THIS SE	PACE	
<u> </u>				3. Date Incorporated or Qualified	
2. Principal Pia 21	oe of Business	2a. Mailing Address 26		4. FEI Number 65 - 0750 - 577	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 28	Zip 29	Country	This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year intangible
	Name and Address of Current			10. Name and Address of New Registered Ag	
RAUL RAN	MÓS		81 Name		
13727 SW 152ND ST.			<u> </u>	ess (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33177			83	. <u> </u>	
			84 City	FL 88 Zip Code	
registered of	the provisions of Sections 607.09 NGC or registered agent, or both, as registered agent. I am famili	, in the State of Florida. 8	Such change was authorized b	corporation submits this statement for the purpo by the corporation's board of directors. I hereby a 5, Florida Statutes.	ise of changing its coept the
SIGNATURE	gnature, typed or printed name of reg	sistered exert and title if any	lineble (NOTE: Degistered An	pent signature required when reinstating) DATE	
	OFFICERS AND D			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change	CR2E034 (10/97)
NAME STREET ADDRESS	R AUL RAMOS 1 3727 SW 152N	D ST.	1.2 NAME 1.3 STREET ADDRESS		1
CITY - ST - ZIP	MIAMI, FL 331		1.4 CITY - ST - ZIP		
TITLE NAME		DELETE	2.1 TITLE 2.2 NAME	Change	☐ Addition ☐ \alpha
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE NAME	£ :	DELETE	3.1 TITLE 3.2 NAME	Change	Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP	-	DELETE.	3.4 CITY - ST - ZIP		- A defision
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME	Change	Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change	Addition
NAME	•	Decerte	5.2 NAME	Citatige	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change	Addition
NAME		Delicie	6.2 NAME	1000028fe: -08/17/9801137	194 7
STREET ADDRESS	6.3 STREET ADDRESS		***550.00	877	
CITY - ST - ZIP 14. I hereby certi	ly that the information supplied	with this filing does not a	6.4 CITY - ST - ZIP qualify for the exemption states	d in Section 119.07(3)(i), Florida Statutes. I furthe	
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 12 or Block 12 or on an attachment with an address.					
SIGNATU	RE:	OR PRINTED NAME OF SH	GNING OFFICER OR DIRECTOR	Date Daytime	Phone #
				·	