

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
* AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG 11 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100389 (1)

1. Corporation Name
M.D.C. ENTERPRISES, INC.

Principal Place of Business

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 ~~1152~~ NE 130th
Suite, Apt. #, etc.

22 City & State

23 N. MIAMI, FL
Zip 24 33161 Country 25

2a. Mailing Address

26 ~~1152~~ NE 130th
Suite, Apt. #, etc.

27 City & State

28 N. MIAMI, FL
Zip 29 33161 Country 30

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1118-D THOMASVILLE ROAD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	DE LOCK MARCEL
82 Street Address (P.O. Box Number is Not Acceptable)	256 THREE ISLAND BLVD
83	
84 City	THREE HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 607.0511 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 MARCEL DE LOCK PRESIDENT DATE 23 July 1997
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECOCK, MARCEL	
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 400	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE LOCK MARCEL
1.3 STREET ADDRESS	1452 NE 130 th
1.4 CITY-ST-ZIP	N. MIAMI, FL 33161
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002270721-9
4.3 STREET ADDRESS	-08/19/97--01011--019
4.4 CITY-ST-ZIP	****165.00 ****165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	SCC 8-11-97

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: 7/30/97 (2) per B.C.M.

CR2E034 (4/97)

MDC Enterprises, Inc.

High End Espresso-Cappuccino Solutions

August 5, 1997

Florida Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Ladies/Gentleman:

Per our conversation and your instructions, be advised that we never received our 1st notice to file the 1997 profit corporation annual report. Enclosed is the fee of \$165.00 that you instructed would be due.

Thank you for your assistance.

Marcel de Cock

