

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000023258 (1)

1. Corporation Name

FLISA ENTERPRISES, INC.



Principal Place of Business

605 NW 177 STREET STE 112
MIAMI FL 33169

Mailing Address

605 NW 177 STREET STE 112
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

65-0736630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 605 NW 177 Street

Suite, Apt. #, etc.

22 Suite 245

City & State

23 miami, FL

Zip

24 33169

Country

25 Dade

2a. Mailing Address

26 3191 Coral way

Suite, Apt. #, etc.

27 Suite 115 #222

City & State

28 miami, FL

Zip

29 33145

Country

30 Dade

9. Name and Address of Current Registered Agent

ALLISON, CLAUDIA
605 NW 177 STREET STE 112
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

Maria G. Ilarraza

82 Street Address (P.O. Box Number is Not Acceptable)

3191 Coral way, Ste 115 #222

83

miami

84 City

FL

85 Zip Code

33145

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

Signature, typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

02/02/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALLISON, CLAUDIA
STREET ADDRESS 605 NW 177 STREET STE 112
CITY-ST-ZIP MIAMI FL 33169 ☒ DELETE

TITLE D
NAME WHITE, JOANN
STREET ADDRESS 605 NW 177 STREET STE 112
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE D
NAME ILARRAZA, MARIA G
STREET ADDRESS 605 NW 177 STREET STE 112
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Joann white
1.3 STREET ADDRESS 605 NW 177 Street Suite 245
1.4 CITY-ST-ZIP miami, FL 33169

2.1 TITLE Vice President/CS ☒ Change ☐ Addition
2.2 NAME maria G. Ilarraza
2.3 STREET ADDRESS 3191 Coral way, Ste 115 #222
2.4 CITY-ST-ZIP miami, FL 33145

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

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138-9135

CR2E034 (10/97)