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FLORIDA DEPARTMENT OF STATE

PROFIT

Jul 21 1998 8:00am CORPORATION Sandra R. Worthan Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000030664 (1) SEVENTY SEVEN ENTERPRISES, INC. Principal Place of Business Mailing Address 1118 SOUTH DIXIE HWY 1118 SOUTH DIXIE HWY **CORAL HIGHWAY FL 33146** CORAL HIGHWAY FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2. Principal Place of Busin 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Ζiρ Country Ζıp Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRYN MARR J MARIAND 2 SOUTH BISCAYNE BLVD., STE. 3599 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMUFL 33131 83 84 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 above the provisions of the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation above the provisions of the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation above. office or registered eigent, or both, in the State of Liorida. Such change was authorized by the con agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DOL PULA, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 Till F TITLE DEL DUCA, MARIANO NAME 1.2 NAME 1118 SOUTH DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES CONAL HIGHWAY FL 33146 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE edillicablys. 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY~ST-7IP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME 2000025965**5**2 NAME -07/23/98--01063--001 5.3 STREET ADDRESS STREET ADDRESS ***150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 accorded and that my signature shall have the same legal effect as if made under eath; that I also a officer or director of the corporation or the receiver in trustees improve the 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 attact my lithing a province of the receiver the 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 attact my lithing a province of the receiver the 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 attact my lithing a province of the receiver that my name appears in the receiver that my name appears in Block 12 or Block 13 if changed, or on an attact my lithing a province of the receiver that my name appears in the receiver this report to the receiver that my name appears in Block 12 or Block 13 if changed in the receiver that my name appears in

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