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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05 1998 8:00am Secretary of State

FEFABE ENTERPRISES, INC.				
Principal Place of Business Mailing Address				1 TOD HADD THE COLLEGE THE STATE THE STATE THE STATE OF THE STAT
1075 83RD ST. #301 1075 83RD ST. #301 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL			33154	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address		04/04/1997 4. FEI Number Applied For
21 902	RACHIA LAME	26. Mailing Address 26. 902 RACH	TY TAME	65-0747370 Not Applicable
Suite, Apt.	Jec.	Suite, Apt. #, etc.	2	Certificate of Status Desired Sa.75 Additional Fee Required
City & Stat	SIMMEE, FLORID	28 KISSIMMEE	E, FLORI	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 ZB47	Country A	29 34741 30	Country S A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
QUILES, ROSARIO E			SARIO E. QUILES.	
1414 COLLINS AVE., STE. 1 MIAMI BEACH FL 33139			82 Steed A	ddress (P.O. Box Numher is Ndf Acceptable) UORLO OF HOMES
MIZ	AMI DEVOU LE 22 128		83 820	
			94 City	as Zu Code (
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora				
office or registered agent, or both, in the Shalo of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registagent. I am familiar with, and accept the opinionic of, Section 607.0505, Florida Statutes.				pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Kosam > c	Xw2		4/24/98
10	Signature, bared or printed name of registered agent OFFICERS AND		legistered Agent signature re	
12. TITLE	DP OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	QUILES, JOHN		1.2 NAME	
STREET ADDRESS	1075 93RD ST. #301		1.3 STREET ADDRESS	902 RACHNA LAME #J
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 331	154	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	DST	DELETE	2.1 717LE	Change Addition
NAME	QUILES, ROSARIO E	_	2.2 NAME	
STREET ADDRESS	1075 93RD ST. #301		2.3 STREET ADDRESS	goa RACHHA LANE AND
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 331	154	2. 4 CITY-ST-ZIP	GOR RACHHA LANE AT KISSIMMEE, FL 34741
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS		i	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		L_J DELETE	41 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Pereze	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME OTOGET ADDRESS			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		- Dracit	6.2 NAME	Change La Addition
STREET ADDRESS			6.3 STREET ADDRESS	
PITY ST. 7ID			6.3 STREET ADDRESS	

14. Thereby 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 chapter 607, or on an attachment with art afficiess.

CIGNATURE.

Rosau & Du

t/24/98 407-932-4777