


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90079 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000032669		
1. Corporation Name MILE HIGH ENTERPRISES, INC.		

Principal Place of Business
 2410 SW 86 TERR
 MIRAMAR FL 33025

Mailing Address
 2410 SW 86 TERR
 MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 892 WOODLAND AVE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 21404 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/10/1997	
23 City & State WEST PALM BEACH FLA		28 City & State WEST PALM BEACH FLA		4. FEI Number 65-0742880	
24 Zip 33415		25 Country FLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33416		30 Country FLA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

FERNANDEZ, LELIA
 2410 SW 86 TERR
 MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name **SUZANNE FAUREAU**
82 Street Address (P.O. Box Number is Not Acceptable)
892 WOODLAND AVE
83
84 City **WEST PALM BEACH FL** **85 Zip Code** **33415**

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.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LELIA	1.2 NAME	SUZANNE FAUREAU
STREET ADDRESS	2410 SW 86 TERR	1.3 STREET ADDRESS	892 WOODLAND AVE
CITY-ST-ZIP	MIRAMAR FL 33025	1.4 CITY-ST-ZIP	WEST PALM BEACH FLA 33415
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-99

Date

561-840-2957

Daytime Phone #

CR2E034 (11/98)