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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000045185 (0)

•	1. Corporation Name															
FMD ENTERPRISES, INC.																
Principal Plac	e of Busines	s		•	Mailing Add	ess					-					
1378 CORAL WAY 1376 CORAL WAY											1					
4TH FLOOR	WAL		4TH FLOOR													
MIAMI FL 33145					MIAMI FL 33145						DO NOT WRITE IN THIS SPACE					
				}				3.	Date Incorporated or Qualified							
2. Principal F	Place of Busin	ness	T	2e. Mailing Address						4.	<b>05/21/1997</b> FEI Number			Ann	lied For	
21					26							65-07548	22	ļI	+	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					-	+			\$8.7	<b></b>	ditional		
22		2	27						6.	Certificate of Status Desired			·	uired		
City & Stat	le	- 1-	City & State						6.	Election Campaign Financing				lay Be		
23					28				Country		<del>  _</del>	Trust Fund Contribution	Ш			Fees
Zip 24		25	Country		Zip		30	אוו זוג	′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No					
24	9, Name and Address of Current											10. Name and Address of New Registered Agent				
DIAZ, FELIX M									Na	me			-			
137				82	Str	eet Addre	dress (P.O. Box Number is Not Acceptable)									
	I FLOOR				83	O,			.O. DOX Hamber is Not Noophao							
MIAMI FL 33145																
										y				85 Z	ip Co	ode
													<u> </u>			
11. Pursuant office or i	to th <b>e</b> provis regi <b>ster</b> ed ac	ions ( jent (	of Sections 607.0 or both, in the St	)502 and ate of Fla	3 607.1508, F orida. Such c	forida Statut hange was	les, the a authorize	bove d by	e-nar / the	ned corpi corporati	oratior on's b	n submits this statement for the p poard of directors. I hereby accep	ourpose o	t changin sointment	g its as re	registered egistered
agent. I a	ım familiar w	ith, ar	nd accept the ob	ligations	of, Section (	607. <b>0</b> 505, FI	orida Sta	lulos	3.							-
SIGNATURE	Stonature tyles	Les nein	led name of registered	noent and	litle if apolicable	(NO	1 - Booistero	d Ane	ent sion	alum tequire	ed when	reinstating)	DATE			I
12.									13,			ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS	IN 12
TITLE	D				☐ DELETE			TLE	l.E					Chang	ge	Addition
NAME	DIAZ, FE				1.			1.2 NAME								
STREET ADORESS						1.3			1.3 STREET ADDRESS							ļ
CITY-ST-ZIP	MIAMI F	L 33	145		DELETE			1.4 CITY-ST-ZIP						- Obani		Addition
TITLE								2.1 TITLE 2.2 NAME						Chang	je	Addition
NAME	}				3			2.3 STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP								2. 4 CITY-ST-ZIP								
TITLE						DELETE		3.1 TITLE						Chang	ge	Addition
NAME	ļ							3.2 NAME								Į
STREET ADDRESS							3.3 \$	TREET	ADDRI	SS						
CITY-ST-ZIP					<u></u>		3.4. (	ITY-S	ST-ZIP							
TITLE						DELETE	4.1 1	TLE						☐ Chang	Эe	Addition
NAME							4.21	IAME		)						
STREET ADDRESS									ADDRI	SS						
CITY-ST-ZIP	<b></b> _				<del></del>	DELETE			1-2IP				·	Chang		Addition
TITLE	ļ				L.	PELETE	5.1 TI			1			•	L. Griang	1c	Last Addition
NAME OTREET ADDRESS							52 N		ADDO	:00						
STREET ADDRESS CITY-ST-ZIP									ADDRI 1 - 21P	.00						
TITLE					·····	DELETE	5.4 U		11-211					Chang		Addition
NAME	]				-		6.2 N							. •	•	
STREET ADDRESS									ADDRI	SS						

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 fully and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on in attachment with an address.

64 CITY-ST-ZIP

4/5/98 /2NE) CEU-520

**FILED** 

May 29 1998 8:00am

Secretary of State