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

DOCUMENT # 1. Corporation Name P97000060844 (2)

IRE ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

10610 BEXLEY BLVD **BOCA RATON FL 33428** Mailing Address

2a. Mailing Address

10610 BEXLEY BLVD **BOCA RATON FL 33428**

FILED Feb 02 1998 8:00am Secretary of State



O NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

1/26/92

07/14/1997

21		26				65-076	6941	. [[r	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Sta	ative Desired	□ \$8.75	Additional	
22		27				3. Certificate of Sta	L. Desired	Fee!	Required	
City & State	e	City & State				6. Election Campa	Ign Financing	\$5.0	0 May Be	
23		28				Trust Fund Cont	ribution	☐ Adde	d to Fees	
Zip	Country	Zip	L Cor	intry		8. This corporation	dwes or has p	aid the current year I	Intangible	
24	25	29	30	,		Personal Proper		· · · · · · · · · · · · · · · · · · ·	□ No .	
	g. Name and Address of Current	Registered Agent				10. Name and Add	ress of New R	egistered Agent		
AMERILAWYER CHARTERED				81 Name						
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134										
				83						
				84 C	ity		 	05 70	o Code	
				04	nty.			FL 85 Zip	o Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Stati	utes, the at	ove-na	med corpo	pration submits this sta	tement for the	purpose of changing	its registered	
office or re agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was tions of, Section 607.0505	s authorized Florida Stat	d by the utes	corporation	on's board of directors	. hereby acce	pt the appointment a	s registered	
	and the state of t		ionau oui	G100 .						
SIGNATURE	Signature, typed or printed name of registered agen	it and little if applicable. (NK	OTE Registered	Agent sig	nature require	d when reinstating)	 	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHAI	NGES TO OFFI	CERS AND DIRECTO	PRS IN 12	
TITLE	DP	DELETE.	1.1 Ti	TLE .	D	p		Change	Addition	
NAME	SANCHEZ, ELSIE		12 NA	1 2 NAME		NICENZO /	NEELL	iNi		
STREET ADDRESS	343 ALMERIA AVE		1.3 ST	REET ADD	RESS //	610 BEXL	EY BL	ID.		
CITY-ST-ZIP	CORLA GABLES FL 33134		1.4 CF	TY+ST-ZIF	Be	CA RATON	FL	33428		
TITLE	Š	DELETE	2 1 TI					☐ Change	Addition	
NAME	anzellini, eleonora		2.2 NA	ME					j	
STREET ADDRESS	10610 BEXLEY BLVD		23.ST	REET ADD	RESS					
CiTY-ST-ZIP	BOCA RATON FL 33428		2.40	TY-ST-ZI	,				ł	
TITLE	1	DELETE	3.1 TII					Change	Addition	
NAME	SAGNOTTI, LUCIANO		3.2 NA	ME	ĺ					
STREET ADDRESS	10610 BEXLEY BLVD			reet addi	RESS				1	
CITY-ST-ZIP	BOCA RATON FL 33428			1Y-\$1-20	[
TITLE		☐ DELETE	4.1 107				+	Change	Addit ion	
NAME			4 2 N/							
STREET ADDRESS				REET ADDI	223					
CITY-ST-ZIP				Y-ST- <i>Z</i> IF					-	
TITLE		☐ DELETE	5.1 TIT					Change	A tion	
NAME			5.1 III					ட்பணர்		
STREET ADDRESS			4	MC REET ADDE	rec				<u>.</u>	
			4		1				-	
CITY-ST-ZIP TITLE		DELETE	6.1 T/T	Y-ST-ZIP			+	Change	Adc_ 'n	
NAME									C Aur II	
			6 2 NA						•	
STREET ADDRESS				REET ADDE	1		-			
CITY-ST-ZIP	artifu that the information areas at the	h this filias does not an 100		Y - ST - ZIP			alam Charters	Chamban and the state of	a sales missees. 5	
indicated of	entity that the information supplied with on this annual report or supplemental director of the corporation or the resei	annual report is true and ac ver or trustee empowered to	curate exe execute the	inplion I that m nis repo	siated in S y signature rt as requi	ection 119.07(3)(1), Fit shall have the same I red by Chapter 607, F	egal effect as i lofida Statutes;	further certify that the finade under oath; the and that my name a	nat I am an ppears in \	