

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

FILED  
Jul 09 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P97000070274

**1. Corporation Name**  
 PETETE Enterprises, Inc.

<b>Principal Place of Business</b> 3333 W. Atlantic Blvd. unit 4 Pompano Beach, FL 33069	<b>Mailing Address</b> same.
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 3061 SW 142 Ave Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 3061 SW 142 Ave Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 8-13-97	
<b>22</b> City & State Miami, FL		<b>27</b> City & State Miami, FL		<b>4. FEI Number</b> 65-0776960	
<b>23</b> Zip 33175		<b>28</b> Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24</b> City & State Miami, FL		<b>29</b> City & State Miami, FL		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>25</b> Zip 33175		<b>30</b> Country USA		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> Filings Inc. 3732 NW 16 Street Ft. Lauderdale, FL 33311		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Antonio Leiva Unit 4 3333 W. Atlantic Blvd. Pompano Beach, FL 33069	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	D Antonio Leiva 3061 SW 142 Ave Miami, FL 33175
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	
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14. I hereby 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 changed, or on an attachment with an address.

**SIGNATURE:** Antonio Leiva 6.29.98 / 305.553.6101

CR2E034 (10/97)