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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9700071001**

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90138 018 ***150.00

 Corporation 	ENTERPRISES CORP.							
Principal Place	e of Business	Mailing Address	**			1 1901(4pt tro 1911(1904) 08411 001(\$ \$314) 01	*** ****** ***** ***	
16241 NW 48TH		16241 NW 48TH AVE.						
MIAMI FL 33014 . MIAMI FL 33014							10.00105	
	•					DO NOT WRITE IN TH	IS SPACE	
	·			_		3. Date Incorporated or Qualifed 08/15/1997		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26		_		65-0792306		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				=5Certifcate of Status Desired		5 Additional Required
22		27 City 9 Ct-12		_				· · · · · · · · · · · · · · · · · · ·
City & State	e `	City & State				6. Election Campaign Financing		May Be
23	C	28 7in	Count			Trust Fund Contribution		ou to rees
Zip	Country	Zip	 -	.ı y	- 1	This corporation owes the current year Personal Property Tax.	intangibie ∐Yes	□No
24	9. Name and Address of Current		30	_		10. Name and Address of New Register		——————————————————————————————————————
	9. Name and Address of Current	r vadistaion wholic	ε	31 Name		to, tradito and readings of their regions.		
COR	RPORATION SERVICE COMPANY							
	HAYS STREET		[8	82 Street Addre		s (P.O. Box Number is Not Acceptable)	*	}
TALL	LAHASSEE FL 32301-2525		Ε	33				
	\sim		8	34 City		F	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.050	607.1508. Florida Statutes	s, the abo	L ove-named co	orpor			its registered
office or n	egistered agent, or both, in the Sole	Forida. Such change was aut	thorized b	y the corpor	ration'	ation submits this statement for the purpose s board of directors. I hereby accept the ap	oointment as	registered
		ions of, Section 607.0505, Plond	ua Statuti	gs.		11-1	1990	
SIGNATURE								
	Signature (value of) until d name of registered agent	t and title if applicable. (NOTE: R	Registered A	gent signature req	quired w	then reinstating) DATE	-///	
12.	Signature Available of International Signature Available of Policers ANI		Registered A	gent signature req	quired w	Then reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
	Signature type of winted name of registered agent			- 1	quired w			TORS IN 12
12.	Signature Applies Crifd name of registered agent OFFICERS ANI NAVANA, JOSEPH	D DIRECTORS	13.		quired w		AND DIREC	TORS IN 12
12.	Signature of registers agent OFFICERS ANI	D DIRECTORS	13. 1.1 TITLI 1.2 NAM		quired w		AND DIREC	TORS IN 12
12. TITLE NAME	Signature Applies Crifd name of registered agent OFFICERS ANI NAVANA, JOSEPH	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI	E E	quired w		AND DIREC	TORS IN 12 ge Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND NOTIFICERS AND	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI	E E EET ADORESS -ST-ZIP	quired w		AND DIREC	TORS IN 12 ge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND NOTIFICERS AND	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	E E EET ADORESS -ST-ZIP E	quired w		AND DIREC	TORS IN 12 ge Addition
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14. I hereby certify that the information supplied with this filing does not quality 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 the section 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 of must be secured 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 attachance of the corporation of the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the

SIGNATURE:

PROOF ERINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-1999

1999 (3ar) 620-1851