

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED
04-14-1999 90030 005 ***150.00
MAY 12 PM 4:27

DOCUMENT # P97000077640
1. Corporation Name
2001 ENTERPRISES, CORP.



Principal Place of Business: 4831 NW 99 CT. MIAMI FL 33178
Mailing Address: 4831 NW 99 CT. MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 100 LINCOLN RD, SUITE 721, MIAMI BEACH, FL 33139
2a. Mailing Address: 26 100 LINCOLN RD, SUITE 721, MIAMI BEACH, FL 33139

3. Date Incorporated or Qualified: 09/09/1997
4. FEI Number: 65-0807411
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax: Yes No

8. Name and Address of Current Registered Agent: MIAMI CORPORATE SYSTEMS, INC., 5200 BLUE LAGOON DRIVE, SUITE 700, MIAMI FL 33126

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address, B3, B4 City, B5 Zip Code

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 reappointing) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPT	
NAME	CAROZZI, RICARDO	
STREET ADDRESS	4831 NW 99 CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DVS	
NAME	CAROZZI, DANIELA	
STREET ADDRESS	4831 NW 99 CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	DPT		
1.2 NAME	CAROZZI, RICARDO		
1.3 STREET ADDRESS	100 LINCOLN RD SUITE # 721		
1.4 CITY-ST-ZIP	MIAMI BEACH - FL - 33139		
2.1 TITLE	DVS		
2.2 NAME	DANIELA CAROZZI		
2.3 STREET ADDRESS	100 LINCOLN RD. SUITE 721		
2.4 CITY-ST-ZIP	MIAMI BEACH - FL - 33139		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(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, with all other like empowered.

SIGNATURE: *[Signature]* DANIELA CAROZZI, TREASURER
Date: 4-8-99 (305) 673-6454

CR2E034 (1/1/98)