

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90003 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000079186 (7)**

1. Corporation Name

ENZA ENTERPRISES, INC.

Principal Place of Business

**2121 N.W. 112TH AVENUE
PLANTATION FL 33323**

Mailing Address

**2121 N.W. 112TH AVENUE
PLANTATION FL 33323**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

65-0830039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 14522 NW 88th PL

Suite, Apt. #, etc.

22 MIAMI, FLA

24 33018

25 USA

2a. Mailing Address

26 14522 NW 88th PL

Suite, Apt. #, etc.

27 MIAMI, FLA

29 33018

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**-ROSENTHAL, KERRY E.
2875 N.E. 191ST STREET
SUITE 500
AVENTURA FL 33180**

81 Name

SALCINES, GERARDO F.

82 Street Address (P.O. Box Number is Not Acceptable)

2837 NW 18th St.

83

84 City **MIAMI, FLA**

FL

85 Zip Code
33145

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE **Gerardo F. Salcines**

3/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ZAMORA, ELSA**

STREET ADDRESS **2875 N.E. 191ST STREET, SUITE 500**

CITY-ST-ZIP **AVENTURA FL 33180**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D ZAMORA ELSA

**14522 NW 88th PLACE
MIAMI, FLA 33018**

PRESIDENT

ZAMORA ENRIQUE JR.

**14522 NW 88th PLACE
MIAMI, FLA 33018**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT

ZAMORA ENRIQUE JR.

**14522 NW 88th PLACE
MIAMI, FLA 33018**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

3/20/99 (305) 822-5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)