

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
Oct 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000081412 (3)
1. Corporation Name

PRIVEL ENTERPRISES, INC.

Principal Place of Business

7607 SHALIMAR STREET
MIRAMAR FL 33023

Mailing Address

7607 SHALIMAR STREET
MIRAMAR FL 33023

2. Principal Place of Business

21 7607 Shalimar ST
Suite, Apt #, etc.

22 City & State

23 Miramar FLA

24 Zip 33023 County Broward

2a. Mailing Address

26 7607 Shalimar ST
Suite, Apt #, etc.

27 City & State

28 Miramar FLA

29 Zip 33023 County Broward

9. Name and Address of Current Registered Agent

VELANDIA, NUBIA R
7607 SHALIMAR STREET
MIRAMAR FL 33023

81 Name

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

83

84 City

FL 85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME VELANDIA, NUBIA R
STREET ADDRESS 7607 SHALIMAR STREET
CITY-STATE-ZIP MIRAMAR FL 33023

TITLE V [] DELETE

NAME PRIMICIERO, LUIS
STREET ADDRESS 7607 SHALIMAR STREET
CITY-STATE-ZIP MIRAMAR FL 33023

TITLE [] DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP [] DELETE

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP [] DELETE

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP [] DELETE

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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-10/07/98--01060--018
***550.00

[] 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 my address.

SIGNATURE:

Velandia Nubia R

Sept-24-98 (154) 966-2511

CR2E034 (5/98)