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

FILED
May 26 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 # P97000089225

1. Corporation Name
BISSO ENTERPRISES INC

Principal Place of Business
9705 S DIXIE HWY
PINECREST FL 33156

Mailing Address
9705 S DIXIE HWY
PINECREST FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
OCT 97

2. Principal Place of Business
21 9705 S DIXIE Hwy
Suite, Apt. #, etc
22 N/A
City & State
23 PINECREST FL 33156
Zip 24 33156 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0789572
☐ 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

9. Name and Address of Current Registered Agent
LUISA L CHAVARRY
9705 S. DIXIE HWY
MIAMI FL 33156

10. Name and Address of New Registered Agent
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: Luisa L Chavarry 5.8.98
Signature of new registered agent, if changed, or of present registered agent. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARIA RIVAS		1.2 NAME	
STREET ADDRESS	9705 S DIXIE Hwy		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	
TITLE	SEC. TRES	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LUISA L CHAVARRY		2.2 NAME	
STREET ADDRESS	9705 S DIXIE Hwy		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	400002536394 PE 5.26
STREET ADDRESS			6.3 STREET ADDRESS	-05/27/98--01039--008
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 added or altered thereon with an address.

SIGNATURE: Luisa L Chavarry 5/8/98 (305)665-35-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #