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

DOCUMENT #	P97000089514
1. Cornoration Name	. 0.000000

LINCOLI	n General Enterprises,	INC.				NOA Bida dalaman and	1
Principal Plac	e of Business	Mailing Address			I KORKKODI KAO IRAH ADDIA DOMA QOLKA ORKAL DO	<u> 101 10110 10101 11101 1011 1019</u>	
343 ALMERIA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualified	IS SPACE	
					10/17/1997		
	lace of Business	2a. Mailing Address			4. FET Number	Applied For	
21	# -1-	26			NOT APPLICABLE	Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired []	\$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zŧp	Country	Zip	Country		8. This corporation owes the corrent year		
24 4	9. Name and Address of Currer		30		Personal Property Tax 10. Name and Address of New Registere	[Yes [No	
	s. Name and Address of Currer	it Kegistered Agent	81	Name		•	
- AME	RILAWYER		أممأ		Spiegel & Utrera, P.A		
	ALMERIA AVENUE		82	Street Ad	dress (P.O. Box Number is Not Acceptable) 343 Almeria Avenue		
COR	VAL GABLES FL 33134		83		O TO TILMOLIA ITTORIGO		
			84	City	·	. 85 Zip Code	
				•	Coral Gables F	L 33134	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State.	2 and 507/1508, Florida Statutes of Florida, Such change was aut	s, the above thorized by	Enamed co the corpora	rporation submits this statement for the purpose abon's board of directors. Thereby accept the app	of manging its registered pointment as registered	i
		of spenian 60P.05A5. Florid	da Statutes		4/20	146	
SIGNATURE		mara Vice-Pre	mAK Fin	· • Afate Fego	equitation revisible productions	77	
12.	OFFICERS AN	nava per Vice-Fre	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	[] DELETE	11 TITLE		′ /	[] Change	: an
NAME	SANCHEZ, ELSIE		1.2 NAME	ļ	,		
STREET ADDRESS	343 ALMERIA AVE		1381REE1				
CITY-ST-ZIP TITLE	CORAL GABLES FL 33134	[] DELETE	14 CITY ST 2 I TITLE	716		[] Change	kon
NAME		Ç	2.2 NAME		20000286		
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CITY-ST-ZIP			2 4 CITY-S	I - 7(P	****150.0	0 ****150.00	,
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NAME			5.2 NAME				
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STREET ADDRESS			63STREET	ADDRESS		-\6\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
CITY-ST-ZIP			64 CITY-ST			USU	
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14. Thereby 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 frue 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 on the receiver or trusted 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:

4/28/99

FILED

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