


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

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

03-29-1999 90062 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000094079

1. Corporation Name
FMP ENTERPRISES, INC.



Principal Place of Business 1050 NW LEJEUNE ROAD MIAMI FL 33126	Mailing Address 1050 NW LEJEUNE ROAD MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0793007	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
33126L A FERREIRO JR 1050 NW 42 AVE MIAMI FL 33133				81	Name Miguel A. Ferreiro, Jr.		
				82	Street Address (P.O. Box Number is Not Acceptable) 1050 NW 42 AVE		
				83			
				84	City Miami	FL	85

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED		1.1 TITLE		Change	Addition
NAME	FERREIRO, M.A. JR			1.2 NAME			
STREET ADDRESS	6675 SW 69TH LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			1.4 CITY-ST-ZIP			
TITLE	SD	DELETED		2.1 TITLE		Change	Addition
NAME	PEREZ PATRICIA			2.2 NAME			
STREET ADDRESS	250 COCO PLUM			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33143			2.4 CITY-ST-ZIP			
TITLE	D	DELETED		3.1 TITLE		Change	Addition
NAME	PEREZ ILEANA			3.2 NAME			
STREET ADDRESS	6655 SW 69TH LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			3.4 CITY-ST-ZIP			
TITLE	P	DELETED		4.1 TITLE		Change	Addition
NAME	FERREIRO MUEL A			4.2 NAME			
STREET ADDRESS	6675 SW 69TH LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED** 2-14-99 (305) 446-4500

CR2E034 (11/98)