

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

FILED
Sep 24 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 # P970000 94155
1. Corporation Name
Prakti Enterprises Inc.

Principal Place of Business Mailing Address
**924 E. Sample Rd.
Pompano, FL 33064**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
11-3-97

21	2. Principal Place of Business 6110 N.W. 43 Ave.	26	2a. Mailing Address 6110 N.W. 43 Ave.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State COCONUT CREEK, FL.	28	City & State COCONUT CREEK FL.
24	Zip 33073	29	Zip 33073
25	Country U.S.A	30	Country

4.	FEI Number 65-0792352	Applied For
5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name Silvia Patricia Bustamante
82	Street Address (P.O. Box Number is Not Acceptable) 6110 N.W. 43 Ave
83	
84	City COCONUT CREEK FL
85	Zip Code 33073

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 **Silvia Patricia Bustamante** **PRESIDENT** **7-22-98**
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Gloria Lourdes Mares	
STREET ADDRESS	6110 N.W. 43 Avenue	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANAYSADEL BUSTAMANTE	
STREET ADDRESS	6110 N.W. 43 Avenue	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/SECRETARY
2.3 STREET ADDRESS	ANAYSADEL BUSTAMANTE
2.4 CITY-ST-ZIP	6110 N.W. 43 Avenue
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/PRESIDENT
3.3 STREET ADDRESS	Silvia Patricia Bustamante
3.4 CITY-ST-ZIP	6110 N.W. 43 Avenue
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002650142
5.3 STREET ADDRESS	-09/28/98--01068--040
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE **Silvia Patricia Bustamante** **7-22-98**
(854) 421-8005

CR2E034 (10/97)

12/9-24