

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).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101078
1. Corporation Name
SPARKLES ENTERPRISES, INC

APPROVED
AND
FILED
98 OCT 15 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

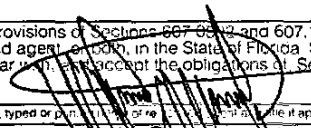
Principal Place of Business		Mailing Address	
10673 SW 88th STREET SUITE #5-C MIAMI, FL. 33176			
2. Principal Place of Business	2a. Mailing Address		
21 10673 SW 88th ST.	26 11 NE 206 Terrace		
Suite, Apt. #, etc. 5-C	Suite, Apt. #, etc.		
22	27		
City & State MIAMI, FL.	City & State MIAMI, FL.		
Zip 33176	Country USA		
23	28		
City & State MIAMI, FL.	City & State MIAMI, FL.		
Zip 33176	Country USA		
24	29		
City & State MIAMI, FL.	City & State MIAMI, FL.		
Zip 33176	Country USA		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12-1-97	Applied For Not Applicable
4. FEI Number 65-0796514	
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name OLA OLAIGBE	
		82 Street Address (P.O. Box Number is Not Acceptable) 18441 NW 2ND AVE. #220	
		83	
		84 City MIAMI	
		FL	
		85 Zip Code 33129	

11. Pursuant to the provisions of Sections 607.0612 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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  DATE 10/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
DIRECTOR BOBOLA IGE JOSEPH 10673 SW 88 STREET #5-C MIAMI, FL. 33176		PRESIDENT VP SHIRLEY MATHIEU 10673 SW 88 ST. #5-C MIAMI, FL. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
PRESIDENT BOBOLA IGE JOSEPH 10673 SW 88 STREET #5-C MIAMI, FL. 33176		SECRETARY SHIRLEY MATHIEU 10673 SW 88 ST. #5-C MIAMI, FL. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		300002668283--8 -10/20/98--01064--021 ****558.75 ****558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 in an attachment to this report.

SIGNATURE:  DATE 10/14/98 305 271-7751

CR2E034 (5/98)