

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

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

04-29-1999 90133 029 ***150.00

DOCUMENT # P97000103694

1. Corporation Name
SYLEX ENTERPRISE, INC.

Principal Place of Business
14610 BULL RUN RD. STE 236
MIAMI LAKES FL 33014

Mailing Address
14610 BULL RUN RD. STE 236
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0799241

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9800 N. Hollywood Lk Dr.
Suite, Apt. #, etc.

22 104
City & State

23 Pembroke Pines, FL

Zip Country

24 33025 25

2a. Mailing Address

26 9800 N. Hollywood Lk Dr.
Suite, Apt. #, etc.

27 104
City & State

28 Pembroke Pines, FL

Zip Country

29 33025 30

9. Name and Address of Current Registered Agent

SYLVESTRE, BETTY R
14610 BULL RUN RD, STE 236
MIAMI LAKES FL 33014

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

Betty R Sylvestre

(NOT E-Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SYLVESTRE, BETTY R
STREET ADDRESS 14610 BULL RUN RD, STE 236
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE D ☒ DELETE
NAME ALEXANDRE, GEORGE
STREET ADDRESS 1525 NE 125TH ST, #313
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

Betty R Sylvestre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99

0146191

CR2E034 (11/98)