

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90025 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011294

1. Corporation Name

STRATIGIC ENTERPRISES INC.

Principal Place of Business

% JOSE CUESTA
14924 S.W. 90TH TERRACE
MIAMI FL 33196

Mailing Address

% JOSE CUESTA
14924 S.W. 90TH TERRACE
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

65-0910458

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 Suits, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KAPLOW, HERBERT
180 N.E. 39TH ST.
MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

D
CUESTA, JOSE
14924 S.W. 90TH TERRACE
MIAMI FL 33196

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ DELETE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ DELETE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ DELETE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE ☐ DELETE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE ☐ DELETE

1.34 NAME

1.35 STREET ADDRESS

1.36 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

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE ☐ Change ☐ Addition

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

1.37 TITLE ☐ Change ☐ Addition

1.38 NAME

1.39 STREET ADDRESS

1.40 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 807, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Daytime Phone #

CR2E034 (11/98)