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

DOCUMENT # P98000041911

1. Corporation Name

FEROS ENTERPRISES, INC.

Principal Place of Business Mailing Address
4201 S.W. 72ND AVENUE 4201 S.W. 72ND AVENUE
MIAMI FL 33155 MIAMI FL 33155

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

04-29-1999 90012 012 ***150.00



DO NOT WRITE IN THIS SPACE

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2 Princina Pl	ace of Business	2a. Mailing Address				4. FEI Number				pplied For	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.						of Status Desired		•	Additional ecuired
City & S ate		City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country		Zip	Cou	intry			8. This corporation owes the current year Intangible				<u></u>
24	25	29	30	10			Personal Property Tax.				
24	17.71	T		10. Na	10. Name and Address of New Registered Agent						
	9. Name and Add ess of Current	- -		81 N	lame						
	TIAGO, TANIA			82 Street Addre			Boy N	umber is Not Accept	tahla)		
4201	S.W. 72ND AVENUE		82 Street Addres			aaress (F.O.	. DUX IN	umber is Not Accept	iabie)		
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										12-1-2-	
				84	City				F	85 Zip	Code
office of re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	ร: Florida, Such change was ผ	utborizer	n nv ine	amed c	corporation suration's board	submits d of dire	this statement for the ectors. I hereby acce	e purpose ept the app	of changing its	s registered egistered
SIGNATURE		and total if anytherable	Decretor	(Apost s	mature rec	quired when reins	stating		DATE		
12.	Signature, typed or printed nar ie of registered agent OFFICERS AND		13.	Agent siç	gnature rec			IS/CHANGES TO OI		IND DIRECT	OR\$ IN 12
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NAME	SANTIAGO, TANIA		3.2 N								
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14. I hereby certify that the information supplied with this inling does not qualify to the exemption stated in Section 119.07(3)(), Florida Statutes, I mitted exting that the information indicated on this annual report of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #