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 # **P98000049604**1. Corporation Name

UNLIMITED ENTERPRICE U.S.A. CORP.

ENTERPRISE U.S.A. CORP.

Mailing Address

241 CITRUS DR. KISSIMMEE FL 34743

241 CITRUS DR. KISSIMMEE FL 34743

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90058 031 ***150.00



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed 06/01/1998	
				4. FEI Number	Asslind For
	lace of Business	2a. Mailing Address			Applied For
21 3424	G.B 4161 10 2	26		59-3523879	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee,Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 K. S.S.	IMMEE FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	angible
24 3474	6 25 OSCOCA	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	TINEZ, CESAR		81 Name 82 Street	MAINTINEZ Cesal Address (P.O. Box Number is Not Acceptable)	
241 CITRUS DR.			34	124 STEWART BluD	
KISSIMMEE FL 34743					
			84 City	Issummee FL	85 Zip Code 34746
11 Duna	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named		changing its registered
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 01/28/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	☐ DELETE	1,1 TITLE	DP .	Change Addition
NAME	MARTINEZ, CESAR		1.2 NAME	MORTINEZ COSON.	
STREET ADDRESS	241 CITRUS DR.		1.3 STREET ADDRESS	3424 STRWERT Blud	
CITY-ST-ZIP	KISSIMMEE FL 34743		1.4 CITY-ST-ZIP	Marinez, Cosca, 3424 Stewart Blud Kissimmes, FL 34746	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
			2 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
'			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE			4.1 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		☐ bereis	5.1 TITLE 5.2 NAME		C) change C region
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		1	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
1	l .	,	I	I	1

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: