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 # P98000050511

1. Corporation Name

FLORIDA ENTERPRISE DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90236 014 ***150.00



7536 S.W. 117T MIAMI FL 33183	7536 S.W. 117TH AVE., STE. MIAMI FL 33183-3816	#182					
INDIANI I E OGIO	0 00/0	WHANK IE OOTGO-GOTO			DO NOT WRITE I	N THIS SPACE	
					 Date incorporated or Qualifed 06/04/1998 		
2. Principal Place of Business 2a. Mailing Address			······································		4. FEI Number	A	oplied For
21 26					65-0841908	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	.	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	•	to Fees
Zip	Country Zip C			ntry	8. This corporation owes the current	ear Intangible	
24	25 29 30				Personal Property Tax.	☐ Yes	₩No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
KOL	IDANIV OCCAD			81 Name	Oscar X. Koura	Λ <i>1/</i>	
KOURANY, OSCAR				82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
6518 S.W. 132ND COURT CIRCLE				65	18 SW 132" Con		<u> </u>
MIAN	VII FL 33183			83			İ
)	84 City M	`Ami	FL 85 Zip	Code 5183
11, Pursuant	to the provisions of Sections, 607.05	02 and 607.1508, Florida Statutes	the at	ove-named cor	noration submits this statement for the pure	ose of changing its	registered
office or r	registored agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607,0505, Florid	horized Ia Statu	by the corporat tes.	tion's board of directors. I hereby accept the	e appointment as re	gistered
	$101. V V_{non}$	Λ Λ	oura		4/28/7)	
SIGNATURE	Sprature, typed or printed name of registered age			Agent signature requi	red when reinstating)	ATE	
12.	OFFICER	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 111	Æ		Change	☐ Addition
NAME	NAVARRO, JORGE		1.2 NA	VIE .			1
STREET ADDRESS	7495 S.W. 81ST AVE.		1.3 STI	REET ADDRESS			į
CITY-ST-ZIP	MIAMI FL 33143		1.4 CIT	Y-ST-ZIP			
TITLE	D DELETE		2.† TIT	LE		☐ Change	☐ Addition
NAME	KOURANY, OSCAR			VIE)			ì
STREET ADDRESS	[= ·			REET ADDRESS	- ·	<u>ت</u>	
CITY-ST-ZIP	MIAMI FL 33183		2.4 CF	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	LE		Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			1
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP			
πιΕ	}	☐ DELETE	4.1 TIT	E		Change	☐ Addition
NAME			4. 2 NA	WE			(
STREET ADDRESS			4.3 STI	REET ADDRESS			1
CITY-ST-ZIP			_	Y-ST-ZIP			
TITLE		☐ DELETÉ	5.1 TIT]		Change	☐ Addition
NAME			5.2 NA	1			}
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 111	J		☐ Change	Addition
NAME			6.2 NA	AE			
			I	I			
STREET ADDRESS			6.3 STT	REET ADDRESS			}

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: