## 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

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90168 037 \*\*\*150.00

## DOCUMENT # P98000063074

1, Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DUKE ENTERPRISES INC.

DONE LI	NTERI FIIOES, IINO.				
Principal Place	e of Business	Mailing Address			IA MBORR DIEBO IRLI OMFRA IDDER BROK FUND
			INT		
20120 NORTHEAST 3RD COURT 20120 NORTHEAST 3RD COURT UNIT 7 UNIT 7			711		
MIAMI FL 33179 MIAMI FL 33179				DO NOT WRITE IN	I THIS SPACE
				3. Date Incorporated or Qualifed 07/17/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	add of Basiless	26 1041 Orac	pae Ter	65-0852977	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>/////////////////////////////////////</del>		\$8.75 Additional
22		27 101		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	1 5	6. Election Campaign Financing	\$5.00 May Be
23		28 Lelray Be	ach FL	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 29 33445 3	Country	This corporation owes the current y     Personal Property Tax.	ear Intangible ☐ Yes ☐ No
[24]	9 Name and Address of Current	125,00 / / 0		10. Name and Address of New Regis	tered Agent
	g, Name and Address of Galletin		81 Name	10.	
AMERILAWYER				description (D.O. Deschied Manager (D.O. Deschied )	
343 ALMERIA AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83		
			04 05		85 Zip Code
			84 City		FL S P COOP
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autl	horized by the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE	an identification and accept the congenie				-
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature requi		ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, STEVEN D		1.2 NAME		
STREET ADDRESS	20120 NORTHEAST 3RD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	f7	1.4 CITY-ST-ZIP		Change Addition
TITLE	CEO	☐ DELETE	2.1 TITLE		C cuantile ("1 yourson")
NAME	HUDSON, GEORGE		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D OFFICE	☐ DELETE			
NAME	HUDSON, GEORGE		3.2 NAME		
STREET ADDRESS	20120 NORTHEAST 3RD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	☐ DELETE	3.4. CITY- ST-ZIP		Change Addition
TITLE		C) DEFE IE	ľ		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY- ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
MILE			5.1 TITLE 5.2 NAME		Clause Clause
NAME			U.S. INCHIL		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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

□ DELETE

SIGNATURE

☐ Change

CR2E034 (11/98)

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Addition

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