FILED

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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**

1. Corporation	MENT # S28949 ENTERPRISES, INC.) (200)(210 (100)(210) (200) (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(0 (20)(20)(0 (20)(20)(20)(20)(20)(20)(20)(20)(20)(20)	II) DIAN ARDII DIAN AIDII 188
Deineinal Diago	of Principage	Mailing Address			
Principal Place of Business 15000 S.W. 76TH COURT MIAMI FL 33158		13615 S. DIXIE HWY # 114-342 MIAMI FL 33176		DO NOT WRITE IN THIS S	SPACE
-		US		3. Date Incorporated or Qualifed 01/31/1991	<u> </u>
	ace of Business	2a, Mailing Address) 31 TERRA	4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	5. Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>	Fee Required
City & State	9	City & State .	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 22177	Country	This corporation owes the current year Inta Personal Property Tax.	ngible ☑Yes ⊡No
24	9. Name and Address of Current	Registered Agent	0 431	10. Name and Address of New Registered A	
81 Name					
DI BLASIO, RAUL 15000 S.W. 76TH COURT			82 Street Ad	idress (P.O. Box Number is Not Acceptable)	·
MIAMI FL 33158			83		
			84 City		85 Zip Code
				FL	
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: R	egistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DI BLASIO, RAUL		1.2 NAME		
STREET ADDRESS	15000 S.W. 76TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-ST-ZIP		Channe Addition
TITLE		☐ DEFELE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME		_ , _
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. C/TY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition

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 agnature 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 article of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS