## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVIS:ON OF CORPORATIONS DOCUMENT # (5)GENERAL ENTERPRISES, INC. Principal Place of Business Maling Address 5459 N.W. 72ND AVE. 5459 N.W. 72ND AVE. MIAMI FL 33166 **MIAMI FL 33166** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1991 04/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0262890 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ESTRADA, AURELIO** Street Address (P.O. Box Number is Not Acceptable) 82 5459 N.W. 72ND AVE. 83 MIAMI FL 33166 84 City Zip Code 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 charging 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 12 (12/95)OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **PSTD** DELE TE 1. 1 Title Change ■ Addition NAME ESTRADA, AURELIO 1.2 NAME CR2E034 14460 KENDALE LAKE BLVD STREET ADDRESS 1.3 STREET ADDRESS DiTY+ST-ZIP MIAMI FL 1.4 CITY - ST- ZIP TITLE ☐ DELETE 2. 1 TITLE Change ■ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIF TITLE □ DELETE 3 1 TITLE Change Addition Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3.4 CITY - ST- ZIP TrTLE □ DELETE Change 4. 1 TITLE ☐ Addition NAME 42 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-7IP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 THTLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information sur-certify that the information indicated on you oath, that I am an officer of orderector of the appears in Block 12 or Block 13 if clying a) and does the qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further port is true and accurate and that my signature shall have the same legal effect as if made under incovered to execute this report as required by Chapter 607, Florida Statutes; and that my name intarily.

Date

SIGNATURE: