

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S56500** (9)

1. Corporation Name
MNP ENTERPRISES, INC.

Principal Place of Business 16459 NW 67TH AVE MIAMI FL 33014	Mailing Address 16459 NW 67TH AVE MIAMI FL 33014-8045
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1991		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. # etc.		26 2800 N 46 AVE		4. FEI Number 65-0265129		Applied For Not Applicable	
22 City & State		27 #A410		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Hollywood FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 33021		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEYSER, KENNETH 3530 MYSTIC PT DR 1805 AVENTURA FL 33180				81 Name Peysen Kenneth 82 Street Address (P.O. Box Number is Not Applicable) 2800 N 46 AVENUE A410 83 City HOLLYWOOD FL 85 Zip Code 33021			
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 Kenneth L. Peyser				Registered Agent signature required when terminating Kenneth L. Peyser		DATE 1-18-97	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEYSER, KENNETH			1.2 NAME			
STREET ADDRESS	3530 MYSTIC PT DR 1805			1.3 STREET ADDRESS	2800 N 46 AVE		
CITY-ST-ZIP	AVENTURA FL			1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEYSER, LEONORE			2.2 NAME			
STREET ADDRESS	800 NE 195 ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **X Kenneth L. Peyser** **Kenneth L. Peyser** **1-18-97** **954-9665522**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (9/96)