

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78846

(0)

1. Corporation Name

MONSERRATE ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 1293
OVIEDO FL 32765

Mailing Address

P.O. BOX 621293
OVIEDO FL 32762-1293
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P.O. Box 621293		26		09/09/1991		04/18/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Oviedo, FL		28 City & State		59-3092860		Not Applicable	
24 Zip 32765		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
28		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
30		31					

9. Name and Address of Current Registered Agent

CHONG, STEPHEN C. L.
805 E. ROBINSON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE		Change	Addition
NAME	HERNANDEZ, LILLIAN			1.2 NAME			
STREET ADDRESS	6928 SUGARBUSH DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE		Change	Addition
NAME	MENEDEZ, LUIS A			2.2 NAME			
STREET ADDRESS	121 RESERVE CIRCLE #213			2.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL			2.4 CITY-ST-ZIP			
TITLE	PD	DELETE		3.1 TITLE		Change	Addition
NAME	MENEDEZ, LISA			3.2 NAME			
STREET ADDRESS	1716 WILLA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP			
TITLE		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
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

SIGNATURE: LILLIAN MENEDEZ 4-20-97 407-6387-7841

CR2E034 (9/96)