05-10-1999 90184 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # S94457 NTERPRISES EAST INC.							
Principal Place	e of Business	Mailing Address				IMA NISIL SANI NINI BINI BINI	I DOUG BENED U	
1150 S.W. 1ST		1150 S.W. 1ST STREET						
SUITE 217	SINCEI	SUITE 217						
MIAMI FL 33130	0	MIAMI FL 33130			DO NOT \	WRITE IN THIS S	PACE	_
					 Date Incorporated or Qual 11/15/1991 	ifed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·	Ap	plied For
21		26			65-0300859		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d []	\$8.75 A	
22		27		_	5. Germonic bi Giolog Books		Fee Re	quired
City & State	e	City & State			6. Election Campaign Finance	ing 🖂	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the		-	_/
24	25		30		Personal Property Tax.			⊉ No
	9, Name and Address of Current	Registered Agent		T :.	10. Name and Address of No	ew Registered A	jent	_
000	AC CHYON THIS		81	Name				
ROSAS-GUYON, LUIS			82	Street Ad	ddress (P.O. Box Number is Not Acc	eptable)		
1150 S.W. 1ST STREET SUITE 217			<u> </u>					_
			83					
MIAN	VII FL 33130		84	City			85 Zip (Code
						FL		
44 Duramant	to the provinces of Sections 607.0502	and 607 1508 Florida Statutes	the above	a-named or	progration submits this statement for	the ouroose of ch	anging its	registered
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was autons of, Section 607.0505, Florid	thorized by da Statutes	the corpora	ation's board of directors. I hereby a	ccept the appoint	anging its nent as req	registered gistered
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Floridand title if applicable. (NOTE: F	thorized by da Statutes	the corpora	ation's board of directors. I hereby a unred when reinstating)	DATE	nent as req	gistered
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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 of 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. ZVIS ROSAS-GUYON

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305~54S-7773