

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V04701** (1)

1. Corporation Name

ENQUIRY AGENTS INC.



Principal Place of Business

**5245 N.W. 36TH STREET
SUITE 215
MIAMI SPRINGS FL 33166**

Mailing Address

**5245 N.W. 36TH STREET
SUITE 215
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CRUZ, MERCEDES
8541 N.W. 8TH STREET
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified

01/03/1992

3a. Date of Last Report

05/01/1995

4. FCI Number

65-0303995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 of Person or Corporation Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CRUZ, MERCEDES**
STREET ADDRESS **5245 NW 36TH STREET, #219**
CITY-ST-ZIP **MIAMI SPRINGS FL**

☐ DELETE

TITLE **D**
NAME **RIVERO, RITA**
STREET ADDRESS **5245 NW 36TH STREET, #219**
CITY-ST-ZIP **MIAMI SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

City & Phone

CR2E034 (12/95)