

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

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Apr 30 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 # **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 33166-5959**

3. Date Incorporated or Qualified
01/03/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. **Suite**
5245 N.W. 36 ST, 219
City & State
Miami Springs, FL
Zip **33166** Country

2a. Mailing Address
26 Suite, Apt. #, etc. **Suite**
5245 N.W. 36 ST, 219
City & State
Miami Springs, FL
Zip **33166** Country

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**CRUZ, MERCEDES
8541 N.W. 8TH STREET
PEMBROKE PINES FL 33024**

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, typed or printed name of registered agent and title if applicable (NOT a Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CRUZ, MERCEDES	5245 NW 36TH STREET, #219	MIAMI SPRINGS FL	<input type="checkbox"/>
D	RIVERO, RITA	5245 NW 36TH STREET, #219	MIAMI SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* (305) 222-1000

CR2E034 (9/96)