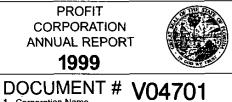
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

ENQUIRY AGENTS INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90146 034 ***150.00

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Principal Place of Business Mailing Address						7	1887	101 101 111 11	ALL MARKE BAR	### ##################################
5245 N.W. 36ST		5245 N.W. 36 ST	5245 N.W. 36 ST							
SUITE 219		SUITE 219				DO NOT WRITE IN THIS SPACE				
MIAMI SPRINGS US	S FL 33166	MIAMI SPRINGS FL 33166	US			3. Date Incorporated or Qualifed				
03		00				J .	01/03/1992			İ
2 Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number	,		Applied For
21	acc of Edulitors	26	¬ ~ ~				65-0303995			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	5 Additional
22		27	27			5.	Certificate of Status Desired		Fee	Required
City & State	e	City & State	City & State			6.	Election Campaign Financing			May Be
23		28					Trust Fund Contribution	<u>.</u>	Adde	d to Fees
Zip Country Zip			Country			8.	This corporation owes the curr	ent year Inta		
24	25	29	30	,			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curren	t Registered Agent		04		10.	Name and Address of New F	Registered A	gent	
DIVE	DA D			81	Name					
RIVERO, R 5245 NW 36 ST				82	Street Add	ress (P	O. Box Number is Not Accepta	able)		
STE 219						_				
MIAMI SPGS FL 33166				83						}
MIAMI SEGS FL 33100				84	City				85 Zi	ip Code
				Ш				<u> FL</u>		ita wa minta wa d
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.										registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registere	d Agent	t signature require	ed when r	reinstating)	DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 Ti	ME					Chang	e 🗀 Addition
NAME	RIVERO, RITA		1.2 N	AME						Ì
STREET ADDRESS	5245 NW 36TH STREET, #219	1	1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 0	ITY-ST	-ZIP			_		<u>'</u>
TITLE		☐ DELETE	2.1 T	ITLE					Chang	ge 🗌 Addition
NAME			2.2 N	AME						
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP			2.40	CITY-S	r-zip					
TITLE		☐ DELETE	3.1 T	ΠE					☐ Chang	ge 🗌 Addition
NAME :			3.2 N	IAME						
STREET ADDRESS			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			3.4, 0	CITY-S	T-ZiP					
TITLE		☐ DELETE	4,1 ₹	ITLE					[] Chang	ge 🗌 Addition
NAME			4.21	NAME	1					
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	aty-st	-ZIP			_		
TITLE		☐ DELETE	5.1 T						Chang	ge 🔲 Addition
NAME			5.2 N							ł
STREET ADDRESS					ADDRESS					(
CITY-ST-ZIP				ITY-S1	r-ZIP			_		
TITLE		☐ DELETE	6.1 T						Chang	ge 🗌 Addition
NAME			6.2 N	IAME	ſ					

64 CITY-ST-ZIP 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR