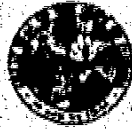


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:21

DOCUMENT # **V06506** (2)

1. Corporation Name
PULGY ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
807 PEACOCK PLAZA **807 PEACOCK PLAZA**
KEY WEST FL 33040 **STATE 16A**
US **KEY WEST FL 33040**
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/15/1992 **07/26/1994**

4. FEI Number Applied For
65-0394557 Net Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **807 PEACOCK PLAZA** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **KEY WEST, FL** 28
Zip Country Zip Country
24 **33040** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
MADEYA, VICTORIA
807 PEACOCK PLAZA
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81 Name **VICTORIA H. MADEYA**
82 Street Address (P.O. Box Number is Not Acceptable)
807 PEACOCK PLAZA
83
84 City **KEY WEST** FL 85 Zip Code **33040**

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 *Victoria H. Madeya* **VICTORIA H. MADEYA, PRESIDENT** **4/14/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESQUINALDO, JOYCE
STREET ADDRESS	807 PEACOCK PLAZA
CITY - ST - ZIP	KEY WEST FL
TITLE	D
NAME	MADEYA, VICTORIA
STREET ADDRESS	807 PEACOCK PLAZA
CITY - ST - ZIP	KEY WEST FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Victoria H. Madeya* **VICTORIA H. MADEYA PRES** **4/14/95** **(305) 292-9009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)