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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Prac	MENT # V0741 NTERPRISES, INC.	Mailing Address							
4885 SW 152 PL Unit B Miami Fl 33185 US		UNIT B	4885 SW 152 PL Unit B Miami FL 33185-4561 US						
						3. Date Incorporated or Qualified 01/15/1992	3a. Date of Last Report 04/24/1996		
	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
Suite, Apt	# oto	Suite, Apt. #, etc.				65-0313552		\$8.75 A	t Applicable
22] Suite, Apr	W, BIC	27				5. Certificate of Status Desired	X	Fee Re	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Zip 24	Country 25	Zip 29	30	intry		This corporation has liability to Florida Statutes		le tax under s. No	199.032,
24	9. Name and Address of Cur		130	Γ		10. Name and Address of New		M	
GR	EENING, PAUL G.			81	Name				
4885 SW 12 PL				82	Street Add	Iress (P.O. Box Number is Not Accep	table)		
	IT B								
MIA	AMI FL 33185	•		83					
		6		84	City	·	F	85 Zip (Code
44 5	0.77	0500 and 607 4500 Florida &	nt dan tha n		nomod cor	poration submits this statement for th			s registered
office or agent. I : SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- signature spind or printed name of registered					poration submits this statement for the tion's board of directors. I hereby action are the time to the time the time the time the time to the time time the time time time time time time time tim	DATE	pointment as	registered
12.		AND DIRECTORS	13.	o ngo	an agration rade	ADDITIONS/CHANGES TO OF		ID DIRECTOR	S IN 12
THILF	D	DELETE	1.1 T	TLE				☐ Change	Addition
NAME	GREENING, PAUL G.		1.2 N	AME					
STREET ADDRESS			1.3 S	TREET	ADDRESS				
C-TY-ST-ZIP	MIAMI FL				IT-ZIP				Addition
THTEF		DELETE	2.1 T					Change	L Audilion
NAME			2.2 N						
STREET ADDRESS			ł		ADDRESS ST-ZIP		:		
CiTY-ST-ZIP TITLE		☐ DELETE	3,1 7		31.71			Change	Addition
NAME			3.2 N	AME					
STREET ADORESS			3.3 S	TREET	ADDRESS				
CITY - ST - ZIF			3.4. (CITY - S	ST-ZIP				
TITLE		☐ DELETE	4,1 T	TLE				Change	☐ Addition
NAME				NAME					
STREET ADDRESS	5				ADDRESS				
CHY-ST-7iP		T priete			ST-ZIP			Change	Addition
1:1LF		DELETE	1					ET Avenific	FITT MODITION
NAME			5.2 N		r address				
STREET ADDRESS	1 [■ 233	THEFT	DOMINGO.				

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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE 6.2 NAME

DELETE

CHTY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TiffE

NAME

Change

☐ Addition

FILED

May 05 1997 8:00am

Secretary of State