

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:01

DOCUMENT # **V38750** (8)

1. Corporation Name  
**ANTOINETTE ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**206 UNIVERSITY DR  
CORAL GABLES FL 33134  
US** **2333 BRICKELL AVENUE  
PH 107  
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1992** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **5891 SUNSET DR.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0337496** Applied For  
Not Applicable

22 City & State 27  
**SOUTH MIAMI, FL.**

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

23 Zip 25 Country 29 Zip 30 Country  
**33143 DADE**

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  
**ROME, ANTOINETTE  
2333 BRICKELL AVENUE  
PH 107  
MIAMI FL 33129**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>ROME, ANTOINETTE</b>
STREET ADDRESS	<b>2333 BRICKELL AVE PH 107</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
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 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 this return.

SIGNATURE: Antoinette Rome 2-14-95 (305) 662-2412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANTOINETTE ROME - PRES.**