

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

FILED

Jan 24 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 # V43657 (8)

1. Corporation Name
ENTERPRISE PRODUCTIONS ASSOC., INC.

Principal Place of Business
2800 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134
US

Mailing Address
2800 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134-6125
US

3. Date Incorporated or Qualified 06/15/1992
3a. Date of Last Report 02/06/1996

2. Principal Place of Business
21 210 200 S. BISCAYNE BLVD
Suite, Apt. #, etc.
22 2350
City & State
23 MIAMI, FL
Zip
24 33131
Country
25 USA

2a. Mailing Address
26 200 S. BISCAYNE BLVD
Suite, Apt. #, etc.
27 2350
City & State
28 MIAMI, FL
Zip
29 33131
Country
30 USA

4. FEI Number 65-0339907
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
HARRIS, ANA C ESQ
CARUNCHO & MUR, P.A.
2800 DOUGLAS ROAD, SUITE 501
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name ANA C. HARRIS, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) MISTAD SUITE 6 GREENBERG PA
83 200 S. BISCAYNE BLVD, SUITE 2350
84 City MIAMI FL 85 Zip Code 33131

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 DATE 1-14-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PSD
NAME AUSZENKER, JOSEFA E
STREET ADDRESS 2800 DOUGLAS ROAD, SUITE 501
CITY-ST-ZIP CORAL GABLES FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)