May 06, 1999 8:00 am Secretary of State

05-06-1999 90173 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC

1. Corp

PEA

DOINENT # V48260	
CE ENTERPRISES, INC.	
	L ARBAN BANGAN BANGAN BANGAN ARANG ANANG BANAN BAN

Mailing Address Principal Place of Business 9600 SW 8TH ST 256 NW 42 AVE MIAMI FL 33126 DO NOT WRITE IN THIS SPACE **MIAMI FL 33174** 3. Date incorporated or Qualifed 06/29/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0342788 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee.Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible □No Personal Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AGUIAR, J. A. 82 Street Address (P.O. Box Number is Not Acceptable) 9600 SW 8 ST., #34 **MIAMI FL 33174** 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 19/90 gistered SIGNATURE name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE ROY-AGUIAR, EVELYNE NAME 12 NAME 3198 SW 110 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE AGUIAR, JOSE A. 22 NAME 3198 SW 110 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR