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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # V59540

1. Corporation Name EN/ERAR INC

## **FILED** Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90107 048 \*\*\*150.00

	1 1110-						81811 JAN 3111 A		
Principal Plac	e of Business	Mailing Address							
	AND BLVD #109	9300 S DADELAND BLVD #	109						
MIAMI FL 33156						DO NOT WE	RITE IN THIS	SPACE	
US US						ncorporated or Qualife			
						4/1992			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI N	ımber		A	pplied For
21		26			65-0	358915		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				ate of Status Desired			Additional
22		27			3. Carme	ale of Claus Desired	<u> </u>	Fee R	equired
City & State		City & State			1	n Campaign Financing	<sup>3</sup> 🗆		May Be
23		28				Fund Contribution			to Fees
Zip	Country	Zip	Count	У	1	orporation owes the cu	ırrent year Int	angible □Yes	□No
24	25 25 Current	<u> </u>	30			nal Property Tax. and Address of New	Registered		
	9. Name and Address of Current	Registered Agent	8	1 Name	TO. INGINE	and Address of New	- Itogistorea	- agoint	
CUF	rbelo, dania j.								
	5 N.W. 74TH AVE.		8:	2 Street	Address (P.O. Bo	Number is Not Accep	otable)		
·MIA	MI FL 33166	•	8	3			<u> </u>		
								,	
	•		8-	4 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-named	corporation subm	ts this statement for th	e numose of	changing its	s registered
office or	registered agent, or both, in the State o	of Florida, Such change was au	thorized h	v the come	oration's board of	directors. I hereby acc	ept the appoi	ntment as re	egistered }
OHICE OF I	f:!!ith tant the obligati	ions of Section 607 0505 Flori	ida Statuto	e are corp.					· 1
∛agent."l¹a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statute	s.		,			
agent."l'a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statute	s.	required when reinstating	· · · · · · · · · · · · · · · · · · ·	DATE	•	
∛agent."l¹a	em familiar with, and accept the obligati	ions of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statute	s.	required when reinstating		DATE DFFICERS AN	D DIRECT	ORS IN 12
₹agent."I*a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	ions of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered Ag	S. ent signature (	required when reinstating	· · · · · · · · · · · · · · · · · · ·	DATE DFFICERS AN	•	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND BARRAGAN, HUGO R.	ions of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Ag	S. ent skynature r	required when reinstating	· · · · · · · · · · · · · · · · · · ·	DATE DFFICERS AN	D DIRECT	ORS IN 12
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SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND BARRAGAN, HUGO R. 5545 N.W. 74TH AVE. MIAMI FL	ions of, Section 607.0505, Flori and trie if applicable. (NOTE: D DIRECTORS	Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature of	required when reinstating	· · · · · · · · · · · · · · · · · · ·	DATE DFFICERS AN	D DIRECT	ORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of rustee 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 be an attachment with an address, with all other like empowered.

**SIGNATURE:**