FILE NOW: FILING FEE AFTER MAY 1 IS $~~225~~.00 150

PROFIT CORPORATION ANNUAL REPORT
~~1996~~ 1997

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

FILED
Jun 24 1998 8:00am
Secretary of State

DOCUMENT # V60622 (0)

1. Corporation Name
SHARP ENTERPRISES,INC.

[redacted]

Principal Place of Business
1714 N.E. 149TH STREET
NORTH MIAMI FL 33181

Mailing Address
P.O. BOX 61-~~2442~~ 0633
NORTH MIAMI FL 33261 -0633
US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 06/15/1995

4. FEI Number: 65-0360519 — Applied For / Not Applicable

5. Certificate of Status Desired X — $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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 61-0633
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27 /
City & State 23	City & State 28 North Miami FL 33261
Zip 24 / Country 25	Zip 29 33261 / Country 30 USA

9. Name and Address of Current Registered Agent

~~SHARP, T.~~ J
~~1714 N.E. 149TH STREET~~
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: J Mosell
82 Street Address (P.O. Box Number is Not Acceptable): 1712 NE 149 STREET
83 No
84 City: North Miami FL 85 Zip Code: 33181

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 J Musell
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTV	☐ DELETE	1) TITLE		☐ Change ☐ Addition
NAME	~~SHARP, T.~~ J. Mosell		1) NAME	J. MUSELL	
STREET ADDRESS	1714 N.E. 149TH STREET 1712 NE149 Str		1) STREET ADDRESS	1712 NE 149 Str	
CITY-ST-ZIP	NORTH MIAMI FL 33181		1) CITY-ST-ZIP	N. Miami FL 33181	
TITLE		☐ DELETE	2) TITLE		☐ Change ☐ Addition
NAME			2) NAME		
STREET ADDRESS			2) STREET ADDRESS		
CITY-ST-ZIP			2) CITY-ST-ZIP		
TITLE		☐ DELETE	3) TITLE		☐ Change ☐ Addition
NAME			3) NAME		
STREET ADDRESS			3) STREET ADDRESS		
CITY-ST-ZIP			3) CITY-ST-ZIP		
TITLE		☐ DELETE	4) TITLE		☐ Change ☐ Addition
NAME			4) NAME		
STREET ADDRESS			4) STREET ADDRESS		
CITY-ST-ZIP			4) CITY-ST-ZIP		
TITLE		☐ DELETE	5) TITLE		☐ Change ☐ Addition
NAME			5) NAME		
STREET ADDRESS			5) STREET ADDRESS		
CITY-ST-ZIP			5) CITY-ST-ZIP		
TITLE		☐ DELETE	6) TITLE		☐ Change ☐ Addition
NAME			6) NAME		
STREET ADDRESS			6) STREET ADDRESS		
CITY-ST-ZIP			6) CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), 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: J Mosell 6-7-98 305 949.1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR