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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V70378

 Corporation 	D ENTERPRISES, INC.		_			
Principal Place of Business Mailing Address						(1884) Billen (884) Bered (1111 (1884) (94) didit didit didit didit didit.
22800 SW 207TH AVE. 22800 SW 207TH AVE.						
MIAMI FL 33170 MIAMI FL 33170						DO NOT WRITE IN THIS SPACE
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
						10/07/1992
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
	¬					65-0371604 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27 27					-	5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
			Cou	intry		8. This corporation owes the current year Intangible
			30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered Agent
	OF (41)			81	Name	
	GE, JANA			82	Street Add	fress (P.O. Box Number is Not Acceptable)
22800 SW 207 AVENUE						
MIAN	AI FL 33170			83		
				84	City	85 Zip Code
				•	FL ⁸³ ²⁴⁵ Coos	
SIGNATURE	Signature, typed or printed name of registered age	nt and trie-repplicable. (NOTE: Registered			poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered A 12 9 9 ed when reinstating)
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>			1.1 TITLE 1.2 NAME		
NAME	110000, 0001100					
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	MIAMI FL 140 VS □ DELETE 2.11		TY-ST	-ZP	Change Addition	
TITLE						
NAME	COOC OW CONTIL AND		2.2 N		ADDRESS	
STREET ADDRESS				ITY-S		
CITY-ST-ZIP	VIIANI FL 2.40			1-21	☐ Change ☐ Addition	
NAME I			3.2 N/			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			ITY-S			
TITLE	☐ DELETE 4.1 TI			, <u></u>	☐ Change ☐ Addition	
NAME	·		4. 2 N	AME		
STREET ADDRESS			4.3 S	REET	ADORESS	•
CITY-ST-ZIP			4.4 CI	TY-ST	r-ZIP	
TITLE	DELETE 5.1 TI				☐ Change ☐ Addition	
NAME	5.2		5.2 N	AME		
STREET ADDRESS			5.3 S1	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	4 CITY-ST-ZIP		
TITLE .			E 6.1 TI	1 TITLE		☐ Change ☐ Addition
NAME	·		6.2 N	ME		
STREET ADDRESS	:SS		6.3 \$	TREET	ADDRESS	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GRECTOR

9/12/99 3052468312 Date Dayline Phone #