FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:50

DOCUMENT # V71363 (8)

1. Corporation Name
FDN ENTERPRISES, INC.

Principal Place of Business
13185 NW 47 AVE
OPA LOCKA FL 33054
US

Mailing Address
13185 NW 47 AVE
OPA LOCKA FL 33054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 05/12/1994
4. FEI Number: 65-0361771 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

CHABROW, PENN B.
900 SUN BANK BLDG
777 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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, 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 ______ (Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KRIGER, MOISES
STREET ADDRESS	13185 N.W 47TH AVE.
CITY ST ZIP	OPA LOCKA FL 33054
TITLE	DV
NAME	KRIGER, NELSON E.
STREET ADDRESS	13185 N.W. 47TH AVE.
CITY ST ZIP	OPA LOCKA FL 33054
TITLE	DS
NAME	KRIGER, LIDIA
STREET ADDRESS	13185 NW 47TH AVE.
CITY ST ZIP	OPA LOCKA FL
TITLE	DVT
NAME	KRIGER, FRANK J.
STREET ADDRESS	13185 NW 47TH AVE.
CITY ST ZIP	OPA LOCKA FL 33054
TITLE	DS
NAME	KRIGER, DIANNE
STREET ADDRESS	13185 NW 47TH AVE.
CITY ST ZIP	OPA LOCKA FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☑ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP	33054	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

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)(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: Frank J. Kriger FRANK J. KRIGER 1/10/95 (305) 688-5731
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

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