

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 575826 (3)
1. Corporation Name
E, INCORPORATED



Principal Place of Business: **8930 SW 102ND COURT MIAMI FL 33176**
Mailing Address: **8930 SW 102ND COURT MIAMI FL 33176**

3. Date Incorporated or Qualified: **06/15/1978**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **59-2128154**
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

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)

9. Name and Address of Current Registered Agent
**ZULETA, SOFIA
8930 S.W. 102ND COURT
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81 Name: **FABIO ENRIQUE ZULETA**
82 Street Address (P.O. Box Number is Not Acceptable): **8930 S.W. 102nd Court**
83
84 City: **Miami,** FL 85 Zip Code: **33176**

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 607.0705, Florida Statutes.

SIGNATURE: *[Signature]* **F. Enrique Zuleta, President 02/17/96**
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: ZULETA, SOFIA
STREET ADDRESS: 8930 SW 102ND COURT	CITY-ST-ZIP: MIAMI, FL 33145
TITLE: PTD <input checked="" type="checkbox"/> DELETE	NAME: ZULETA, SOFIA
STREET ADDRESS: 8930 SW 102ND COURT	CITY-ST-ZIP: MIAMI FL
TITLE: VSD <input checked="" type="checkbox"/> DELETE	NAME: ZULETA, SOFIA
STREET ADDRESS: 8930 SW 102ND COURT	CITY-ST-ZIP: MIAMI FL
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: FABIO ENRIQUE ZULETA
1.3 STREET ADDRESS: 8930 S.W. 102nd Court	1.4 CITY-ST-ZIP: Miami, FL 33145
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 or on an attachment with an address.

SIGNATURE: *[Signature]* **F. ENRIQUE ZULETA, Pres. 02/17/96 381-6563**
(305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)