

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G69024

Corporation Name
MENDIOLA REALTY, INC.

Principal Place of Business

DULCE M. ARGUELLES
116 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address

% DULCE M. ARGUELLES
116 MADEIRA AVENUE
CORAL GABLES FL 33134

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90022 003 ****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1983	
4. FEI Number 59-2327720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

9. Name and Address of Current Registered Agent

ARGUELLES, DULCE M.
116 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

I, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PDS ARGUELLES, DULCE M.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	116 MADEIRA AVENUE	1.2 NAME	
3. CITY-ST-ZIP	CORAL GABLES FL	1.3 STREET ADDRESS	
4. NAME		1.4 CITY-ST-ZIP	
5. STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-ST-ZIP		2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-ST-ZIP	
9. CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-ST-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-ST-ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-ST-ZIP	
21. CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: DULCE M. ARGUELLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 305 446 7004
Date Daytime Phone #

CR2E034 (11/98)