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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

Dringinal Place of Business

DOCUMENT # M63382

M. P. INTERNATIONAL CORPORATION



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE" **Katherine Harris**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90103 020 ***150.00



7800 RED ROAD South Miami F			VICENTE STREET ABLES FL 33146			DO N	OT WRITE	IN THIS S	PACE		
						3. Date Incorporated or 0 12/08/1987	Qualifed				
2. Principal Pla	ace of Business	2a. Mailing	g Address			4. FEI Number				Applie	d For
24		26	-			65-0016145				Not Ap	plicable
Suite, Apt. #	#. etc.		Apt. #, etc.					٦	\$8.7	5 Addi	tional
22		27	•			5. Certificate of Status De	esired [٠, لـ	Fee	e Requi	ed
City & State	<u> </u>		State			6. Election Campaign Fir	nancing _		\$5.	00 ма	v Be
23		28	-			Trust Fund Contribution		┛.	-	led to F	•
Zip	Country	Zip		Country	,	8. This corporation owes	the current	year Inta	ngible		
24	25	29	3	10		Personal Property Tax			Yes		No
	9. Name and Address of Cur					10. Name and Address of	of New Reg	istered A	gent		
				81	Name						
MENI	DEZ. JOAQUIN O.					, , , , , , , , , , , , , , , , , , ,		<u> </u>			
6515	SAN VINCENTE ST			82	Street Add	dress (P.O. Box Number is Not	(Acceptable	''			
	AL GABLES FL 33146			83		-					
,	- ;										
				84	City			FL	85	Zip Cod	e
	to the provisions of Sections 607.6						4 6 4				:=4===
office or re	egistered agent, or both, in the St	ate of Florida. Such	h change was aut	norized by	the corporat	tion's board of directors. I here	by accept in	e appoin	шеп а	a registi	sieu
SIGNATURE	m familiar with, and accept the ob	,	n 607.0505, Florid	•	·						
SIGNATURE	Signature, typed or printed name of registered	l agent and title if applicable	n 607.0505, Florid	Registered Ager	·	ired when reinstating)	70.05510	DATE	DIPE	CTORE	IN 42
SIGNATURE	Signature, typed or printed name of registered OFFICERS	,	(NOTE: R	Registered Ager	·	ired when reinstating) ADDITIONS/CHANGES	S TO OFFIC				
SIGNATURE	Signature, typed or printed name of registered OFFICERS	l agent and title if applicable	n 607.0505, Florid	Registered Ager	·		S TO OFFIC		DIRE		
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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 coptoration 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:

CR2E034 (11/98)