

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000079295 (8)**

1. Corporation Name
"MESUA, INC."



Principal Place of Business Mailing Address
1300 CORAL WAY SUITE 201 MIAMI FL 33145

3. Date Incorporated or Qualified **10/16/1995**
3a. Date of Last Report
4. FEI Number **65-0628791**
Applied For Not Applicable
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 Country
24 25
2a. Mailing Address
26 Suite, Apt. # etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**DORTA, GONZALO R
1401 BRICKELL AZVENUE
SUITE 650,
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 _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE **D** DELETE
NAME **SUAREZ-MENENDEZ, JORGE**
STREET ADDRESS **1300 CORAL WAY SUITE 201**
CITY-ST-ZIP **MIAMI FL 33145**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
7215-20
700001894257
-07/16/96--01042--029
*****225.00**

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 supplementary 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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

CR2E034 (12/95)