

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

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98 APR 30 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000079295  
1. Corporation Name  
"MESUA, INC."

Principal Place of Business: 1900 BRICKELL AVE. MIAMI, FL 33129  
Mailing Address: 1900 BRICKELL AVE. MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
OCTOBER 16, 1995

2. Principal Place of Business  
21 1900 BRICKELL AVE.  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI, FL  
Zip  
24 33129  
Country  
25 DADE

2a. Mailing Address  
26 1900 BRICKELL AVE.  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI, FL  
Zip  
29 33129  
Country  
30 DADE

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
ROBERT W. RODRIGUEZ  
782 NW 42ND AVE.  
SUITE 541  
MIAMI, FL 33126

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  
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.3508, 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 \_\_\_\_\_  
Signature must be printed in full name and typed on this line. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PRES./SEC./DIR.       | <input type="checkbox"/> DELETE |
| NAME           | JORGE SUAREZ-MENENDEZ |                                 |
| STREET ADDRESS | 1900 BRICKELL AVE.    |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33129       |                                 |
| TITLE          | ASSISTANT SECRETARY   | <input type="checkbox"/> DELETE |
| NAME           | KAREN B. ROZAR        |                                 |
| STREET ADDRESS | 1201 HAYS STREET      |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |
| 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

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS | 800002507008--9   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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, changed, or on an attachment with an address.

SIGNATURE: *Karen B. Rozar* 4:30-98 850-222-9771

CR2E034 (10/97)