

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000014847 (5)

1. Corporation Name

EVELYN MENA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1020 WEST 29 STREET HIALEAH FL 33012		Mailing Address 1020 WEST 29 STREET HIALEAH FL 33012	
2. Principal Place of Business 21 141 Miracle Mile Suite, Apt. #, etc. 22 City & State 23 Coral Gables, FL Zip 24 33134 Country 25 U.S.A.		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 02/22/1994		4. FEI Number 65-0484308 Applied For Not Applicable	
5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MENA, EVELYN 830 EAST 19 STREET HIALEAH FL 33013		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

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	
TITLE	P	1.1 TITLE	
NAME	MENA, EVELYN	1.2 NAME	
STREET ADDRESS	830 E. 19TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MUNOZ, BERTA	2.2 NAME	
STREET ADDRESS	830 E 19TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE

[Handwritten Signature]

2/2/98 315 HUL-4425

CR2E034 (10/97)