

3-24-98 B. 3601 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000012317 (0)**

1. Corporation Name
MONDO DEVELOPMENT, INC.



Principal Place of Business 222 LESSMILL RD. NORTH YORK ONTARIO, CANADA M3B2T-5	Mailing Address 222 LESSMILL RD. NORTH YORK ONTARIO, CANADA M3B2T-5
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. c/o Solursh Feldman
22. City & State	27. 1800-2 Sheppard Ave. E.
23. Zip	28. North York, Ontario
24. Country	29. M2N 5Y7
25. Country	30. Canada

4. FEI Number

65-0561262

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

10. Name and Address of New Registered Agent

**LAVENDER, ESQ., JOEL R
507 SE 11TH COURT
FT. LAUDERDALE FL 33316**

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	<input type="checkbox"/> DELETE
NAME	BREDA, ANGELO	
STREET ADDRESS	222 LESMILL RD.	
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA M3B2T-5	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BREDA, EDDIE	
STREET ADDRESS	222 LESMILL RD.	
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA M3B2T-5	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BREDA, EDDIE	
STREET ADDRESS	222 LESMILL RD.	
CITY-ST-ZIP	NORTH YORK, ONTARIO, CANADA M3B2T-5	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 a address.

SIGNATURE:

MCC 16/98

CR2E034 (10/97)