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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

Mar 27 1998 8:00am

Secretary of State

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574

574187

(1)

MENSAL CORPORATION

Principal Place	e of Business	Mailin	Mailing Address				4 INDIDI OKIR KOBKI DIDDI INDU INKEL KUBA BIBIL OKDIK DIBIL DIDIR BIDIL BIDIL DIBIL
2 SOUTH BIS	CAYNE BLVD.	2 \$0	2 SOUTH BISCAYNE BLVD.				
	CAYNE TOWER		3400 ONE BISCAYNE TOWER				DO NOT WRITE IN THIS SPACE
MIAMI FL 331	31	MIAM	FL 33131				3. Date Incorporated or Qualified
							05/23/1978
2. Principal P	ace of Business	2a. Ma	2a. Mailing Address				4. FEI Number Applied For
21		26	26				65-0112708 Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution
Zip Country		Zip	Zip Country				8. This corporation owes or has paid the current year Intangible
24	25			30	·		Personal Property Tax due June 30. Yes 🗷 No
	9, Name and Address	<del></del>	d Agent		61	Mana	10. Name and Address of New Registered Agent
	.DES-FAULI,CORPORAT	TE SERVICES, INC.			В	Name	
	. BISCAYNE BLVD.	rep			82	Street A	t Address (P.O. Box Number is Not Acceptable)
	IO ONE BISCAYNE TOV IMI FL 33131	VEH			83		
יאוני	mi ( C do lo i				84	City	85 Zip Code
						City	<b>FL</b>   T   T   T   T   T   T   T   T   T
11. Pursuant t	to the provisions of Section	ns 607.0502 and 607.1	508, Florida Statu	tes, the a	bove d by	e-named of	d corporation submits this statement for the purpose of changing its registered
agent. La	m familiar with, and accep	t the obligations of, So	ction 607.0505, F	lorida Sta	tutes	s	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE			1 11 150	tr. D. Jahren			re required when reinstating) DATE
12.	Signature, typied or printed name of	registered agent and life if app		13.	o Age	ni signature i	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	IOCIAO AND DIRECTO	DELETE	1.1 T	ITLE		Change Addition
NAME	MENA, RAUL P.			1.2 N	IAME	ŀ	
STREET ADDRESS	2 S. BISCAYNE BLV	D., #3400		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL	- ,		1.4 C	ITY-S	T-ZIP	
TITLE	D		DELETE	2.1 T	ITLE		Change Addition
NAME	DE BONILLA, ANA M	I. ANGELINA		2.2 N	AME		
STREET ADDRESS	2 S. BISCAYNE BLV	D., #3400		2.3 S	TAEET	ADDRESS	
CITY-\$1-ZIP	MIAMI FL			2.40	CITY-S	ST-ZIP	
TITLE	D		☐ DELETE	3.1 Ti	ITLE		☐ Change ☐ Addition
NAME	DE LUNGO, ANA LO			3.2 N	AME		
STREET ADDRESS	2 S. BISCAYNE BLV	D., #3400		3.3 S	TREET	address	
CITY-ST-ZIP	MIAMI FL		T perese		CITY-S	T-ZIP	
TITLE	DPC	n	[_] DELETE	4.1 TI			Change Addition
NAME	PECCORINI, LEONO			4.21			•
STREET ADDRESS	2 S. BISCAYNE BLV	D., #3400		1		ADDRESS	
CITY-ST-ZIP	MIAMI FL		☐ DELETE		ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE				5.1 Ti			Change L Addition
NAME				5.2 N		ADDDCCC	
STREET ADDRESS				- 1		ADDRESS	
CITY-ST-ZIP TITLE			☐ DELETE	5.4 C	ity-S	1-ZIP	☐ Change ☐ Addition
			_ >	6.2 N			
NAME CTOCCT ADDRESS						ADDRESS	.
STREET ADDRESS					INCE I		

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.