FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:06

DOCUMENT # **317336** **(6)**

1. Corporation Name
MECHOSO STORE. INC.

Principal Place of Business	Mailing Address
1672 SW 8 ST MIAMI FL 33135	1672 SW 8 ST MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1967**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1165874**	☐ 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 — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

JULIO B. MECHOSO
1601 S.W. 12 AVENUE
MIAMI FL

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 required if registered agent is changed) (DATE) (Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12
TITLE	D	11 TITLE ☐ Change ☐ Addition
NAME	MECHOSO, OSCAR L	12 NAME
STREET ADDRESS	6750 SW 15TH ST	13 STREET ADDRESS
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP
TITLE	VD	21 TITLE ☐ Change ☐ Addition
NAME	MECHOSO, AMELIO E	22 NAME
STREET ADDRESS	611 SW 24TH RD	23 STREET ADDRESS
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP
TITLE	~~SD~~	31 TITLE ☐ Change ☐ Addition
NAME	~~MECHOSO, OSCAR B~~	32 NAME
STREET ADDRESS	~~6111 SW 8TH AVE~~	33 STREET ADDRESS
CITY ST ZIP	~~MIAMI, FL 00000~~	34 CITY ST ZIP
TITLE	SD	41 TITLE ☐ Change ☐ Addition
NAME	BAEZ, LAYDA	42 NAME
STREET ADDRESS	1145 SW 12TH ST	43 STREET ADDRESS
CITY ST ZIP	MIAMI, FL 00000	44 CITY ST ZIP
TITLE	PD	51 TITLE ☐ Change ☐ Addition
NAME	MECHOSO, JULIO B	52 NAME
STREET ADDRESS	1601 SW 12TH AVE	53 STREET ADDRESS
CITY ST ZIP	MIAMI, FL 00000	54 CITY ST ZIP
TITLE	TD	61 TITLE ☐ Change ☐ Addition
NAME	MECHOSO, OSVALDO	62 NAME
STREET ADDRESS	134 NW 26TH AVE	63 STREET ADDRESS
CITY ST ZIP	MIAMI, FL 00000	64 CITY ST ZIP

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)(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: [signature] 2/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Julio B. Mechoso - President

0142020 CP