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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

564892

(8)

MECA EXPORTS, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address							
2025 S.W. 12	5 COURT	2025 S.W. 125 COURT	2025 S.W. 125 COURT MIAMI FL 33175						
MIAMI FL 331	75	MIAMI FL 33175				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal D	ace of Business	2a. Mailing Address				12/29/1977 4. FEI Number		Ani	olied For
	ace or business	├ - -¬				59-1796459			Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #,						_	¢Ω.		dditional
	#, etc.	27	ιμια, Αρι. #, οιο.			5. Certificate of Status Desired		e Re	
22 27 Crty & State City & State				-		6. Election Campaign Financing			May Be
	,	 	28			Trust Fund Contribution			Fees
23 Zip	Country	Zip	Count	trv		8. This corporation owes or has paid the curre			
24	25	29	30	,] Yes		No
24]		of Current Registered Agent	1301			10. Name and Address of New Registered A			
			8	11	Name				
	ONSO, ANGEL		ļ						
2025 S.W. 125 COURT					82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	AMI FL 33175		-	13					
			١	~					
			8	4	City	FL	85	Zip C	ode
						<u>FL</u>	\perp	1	
11. Pursuant I	to the provisions of Section	ns 607,0502 and 607,1508, Florida Stat nithe State of Florida, Such change was	lutes, the abo s authorized l	hv ti	named c he coroc	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appora-	cnang sintme	ing ແຮ ntas i	egistered
agent. I a	m familiar with, and accept	the obligations of, Section 607.0505,	Florida Statut	tes.					
SIGNATURE									
				Agent	aignature re	aquired when reinstating) DATE	DIDE	2700	
12.		ICERS AND DIRECTORS	13.		——	ADDITIONS/CHANGES TO OFFICERS AND	☐ Ch		Addition
TIFLE	PD	☐ DELETE	1.1 TITLE					ange	AUGILION
NAME	ANGEL ALONSO		1.2 NAM	ŧE					
STREET ADDRESS	2025 SW 125 CT		1.3 STRE	EET AL	DORESS				•
CITY-S1-ZIP	MIAMI FL		1.4 CITY	-ST-	ZIP				-
TITLE	SD DELETE 2.17		2.1 TITU	2.1 TITLE			L Chi	ange	Addition
NAME	ESTHER E. ALONSO		2.2 NAM	2.2 NAME					
STREET ADDRESS	2025 S.W 125 CT.		2.3 STRE	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	2.4 CITY - ST - ZIP		* .			
TITLE	The state of the s		3.1 TITL	3.1 TITLE			Ch:	ange	☐ Addition
NAME			3.2 NAM	Æ	l				
STREET ADDRESS			3.3 STRE	EET AI	DDRESS				
CITY-ST-ZIP			3.4. CITY						
TITLE		DELETE	4.1 TITL				☐ Ch	ange	Addition
NAME			4. 2 NAA		- 1				
			4.3 STRE		nnerss [
STREET ADDRESS			4.4 City						
CITY-ST-ZIP	·	DELETE	5.1 TITL		ZIF		□ Ch	ange	Addition
TITLE		L better							
NAME			5.2 NAM						
STREET ADDRESS			5 3 STRE						
CITY-ST-ZIP		- I not see	5.4 CITY		ZIP		☐ Ch	2000	Addition
TITLE		☐ DELETE	6.1 TITL				LJ CN	anye	- Addition
NAME			6.2 NAM	AE .					
STREET ADDRESS			6.3 STR	EET A	DORESS				
CITY-ST-ZIP			6.4 CITY	Y-ST-	ZIP				
,						The Continue of the Continue o	- A E . AL	- 4 4 4 -	

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 afficier 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.

A. ALONSO

305-553-1672