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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 574187 (1)
1. Corporation Name
MENSAL CORPORATION



Principal Place of Business: **2 SOUTH BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131**

Mailing Address: **2 SOUTH BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1808**

3. Date Incorporated or Qualified: **05/23/1978**

3a. Date of Last Report: **04/01/1996**

4. FEI Number: **65-0112708**

4. Applied For: 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **VALDES-FAULI, CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: MENA, RAUL P.	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: D	NAME: DE BONILLA, ANA M. ANGELINA	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: D	NAME: DE LUNGO, ANA LORENA	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP: MIAMI FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: DPC	NAME: PECCORINI, LEONOR	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 2 S. BISCAYNE BLVD., #3400	CITY-ST-ZIP: MIAMI FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do 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: *Leonora M. de Peccorini* APRIL 15/97 (305) 376-6000
LEONOR PECCORINI Date: _____ Daytime Phone #: _____

CR2E034 (9/96)