

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F20232

(7)

1. Corporation Name

MEC III CORPORATION



Principal Place of Business

Mailing Address

% MARIO E CARDENAS  
16392 STONEHAVEN RD  
MIAMI LAKES FL 33014-3068

% MARIO E CARDENAS  
16392 STONEHAVEN RD  
MIAMI LAKES FL 33014-3068

2. Principal Place of Business

2a. Mailing Address

21 17524 SW 12 ST

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State  
23 PEBROKE PINES FL

27 City & State

24 33029 25 USA

29 30

3. Date Incorporated or Qualified

02/18/1981

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2082395

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

9. Name and Address of Current Registered Agent

CARDENAS, MARIO E  
16392 STONEHAVEN RD  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17524 SW 12 ST

83

84 City PEBROKE PINES

FL

85 Zip Code 33029

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME CARDENAS, SILVIA A.  
STREET ADDRESS 16392 STONEHAVEN RD  
CITY-ST-ZIP MIAMI LAKES FL 33014-6068

TITLE VSD  
NAME CARDENAS, MARIO E  
STREET ADDRESS 16392 STONEHAVEN RD  
CITY-ST-ZIP MIAMI LAKES FL 33014-6068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE } Same  
12 NAME } Same  
13 STREET ADDRESS 17524 SW 12 ST  
14 CITY-ST-ZIP PEBROKE PINES, FL 33029

21 TITLE } Same  
22 NAME } Same  
23 STREET ADDRESS 17524 SW 12 ST  
24 CITY-ST-ZIP PEBROKE PINES, FL 33029

31 TITLE  
32 NAME MARIO E. CARDENAS III  
33 STREET ADDRESS 17524 SW 12 ST  
34 CITY-ST-ZIP PEBROKE PINES, FL 33029

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MARIO E CARDENAS  
MARIO E. CARDENAS

6/6/96 (954) 704 0946

Date

Telephone Number

CR2E034 (3/96)