

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 JUN 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F47646
1. Corporation Name
R. MESA ENTERPRISES, INC.

Principal Place of Business Mailing Address
9185 N.W. 96 Street 9185 N.W. 96 Street
Medley, Florida 33166 Medley, Fla. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1981 3a. Date of Last Report

4. FEI Number 59-2137821 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21	2a. Mailing Address	26	22	27	23	28	24	25	29	30
	State, Apt #, etc			City & State				Country		

9. Name and Address of Current Registered Agent

ROLANDO D. MESA
9185 N.W. 96 Street
Medley, Florida 33166

10. Name and Address of New Registered Agent

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____
Signature filed in printed name of registered agent and the corporation. NOTE: Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS	
TITLE	P777D
NAME	MESA, ROLANDO
STREET ADDRESS	9185 N.W. 96 St.
CITY - ST - ZIP	Medley, Fla 33166
TITLE	V757D
NAME	MESA, RENALDO
STREET ADDRESS	5101 SW 44 Place
CITY - ST - ZIP	Miami, Fla 33155
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12	NAME 200001525282
13	STREET ADDRESS -06/28/95--01020--017
14	CITY - ST - ZIP ****225.00 ****225.00
21	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22	NAME
23	STREET ADDRESS
24	CITY - ST - ZIP
31	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32	NAME
33	STREET ADDRESS
34	CITY - ST - ZIP
41	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42	NAME
43	STREET ADDRESS
44	CITY - ST - ZIP
51	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52	NAME
53	STREET ADDRESS
54	CITY - ST - ZIP
61	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is applicable, with an address.

SIGNATURE: Rolando Mesa ROLANDO MESA 6/14/95 302-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR