

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 28 AM 9: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G69302 (9)

1. Corporation Name

MANELE MANAGEMENT CORP.

Principal Place of Business

**10108 NW 80TH AVENUE
HIALEAH GARDENS FL 33016**

Mailing Address

**10108 NW 80TH AVENUE
HIALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1983

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2381408

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$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

**SMILOWITZ, ELENA
10108 N.W. 80TH AVE.
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81 Name

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

920 W 19 ST

83

84 City

Hialeah

FL

85 Zip Code

33016

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SMILOWITZ, ELENA
STREET ADDRESS	10108 NW 80TH AVE.
CITY- ST- ZIP	HIALEAH GDNS. FL
TITLE	D
NAME	SMILOWITZ, ELENA
STREET ADDRESS	10108 NW 80TH AVE.
CITY- ST- ZIP	HIALEAH GDNS. FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	920 W 19 ST
14 CITY- ST- ZIP	Hialeah FL 33016
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	920 W 19 ST
24 CITY- ST- ZIP	Hialeah FL 33016
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elena Smilowitz **Elena Smilowitz**

7/11/95

305

885-0042

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number

CFR2034 (3/95)