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

CORPORATION - ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G80610
1. Corporation Name

(0)

MESA ELEVATOR SYSTEMS & ACCESSORIES, INC.

APPROVED

95 MAY -1 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Business	Mailing Address	Mailing Address			1				
3190 S. STATE RD. 7 #5 3190 S. STATE RD. 7										
MIRAMAR FL 33023		Miramar FL 33023	MIRAMAR FL 33023		DO NOT WRITE IN THIS SPACE.					
ļ						3.	Date Incorporated or Qualified	Ja. Da	le of Last Re	eport
]						*	12/13/1983		/09/1994	•
2. Principal Pla	ace of Business	2a. Mailing Address		_		4.	FEI Number			Applied For
21	000 0. 000000	26					59-2421555		II-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt, #, etc.				+-	2 2 2 2 2 2	Nor		Additional
22 27						5.	Certificate of Status Desired	X		Required
City & State City & State						6.	Election Campaign Financing		\$5.0	O May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try	· · · ·	8.	This corporation has liability for in	tangible t	ax under S.	199.032,
24	25	29	30				Florida Statutes Yes	☐ No		
	9. Name and Address of Cur	rent Registered Agent				10.	Name and Address of New Ro	egistered	Agent	
				B1	Name					
MESA, ANDRES				12	Street Addr	eet Address (P.O. Box Number is Not Acceptable)				
3568 LINCOLN WAY			'	82 Street Ad			o. Dox (equipor la Not Acceptable	O)		
COOPER CITY FL 33026			E	33						
			L	_			· ·		10-1-7	0.4
			1	94	City			FL	_ 85 Zip	o Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes lorida. Such change was authorize	s, the abov	0-n	amed corpor	ration s	ubmits this statement for the purp	ose of ch	nanging its r	egistered office
or register	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was authorize	d by the co	orpc	ration's boar	ard of di	rectors. I hereby accept the appo	intment a	s registered	agent. I am
}	in, and accept the obligations of, a	ection cor.coco, Fiorida Statutes.								
SIGNATURE _	Signature, typed or printed name of registered a	gont and title fapplicable (NOT	E. Registered A	Vjunt	Segnaturu rockuror	od whort no	nstating)	DATE		
12.		AND DIRECTORS	13.	_			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	PD		1 1 1111	LE					Change	Addition
NAME	MESA, ANDRES		1 2 NAJ	Æ						
STREET ADDRESS	7773 FAIRWAY BLVD		1.3 STR	EFT .	ADDRESS					
CITY-ST-ZIP	MIRAMAR FL		1,4 CITY	y - \$1	- ZIP					
TITLE	SDV		2.1 TITL	ſ					Change	Addition
NAME	MESA, DENISE			22 NAME						
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR FL			2 4 CHY-SI - ZIP						
TITLE			3 1 1111						Change	. Addition
NAME			3 2 NAS							
STREET ADDRESS			33 STF	REET	ADDRESS					
CITY-ST-ZIP			3.4 CITY		i					
DITLE			4 1 1111						Change	. Addition
NAME			4.2 1148	ЛE						
STREET ADDRESS					ADDRESS					
CITY-ST-7IP			4.4 CII)							
TITLE			5 1 Tifu	_					Спапро	Addition
NAME			5 2 NAV							
STREET ADDRESS					ADDRESS					
			5.4 City							- a de
CHY ST-ZIP			61 TIR	_	. 4 11.		REMITT		MIL	Avdition
HAML			621144		1			ED t	ZA. KAGI	A 14
					Ationics		BFM13,	Mr		
STREET ADDRESS					ADDRESS		- -			
CITY - ST ZIII	w corlide that the information remail	not with this filing to voluntarily furnic	6 4 CID			for the c	remption stated in Section 110 ()Z(3)(k) . FI	orda Stutut	os. I furthor

rounders contributed approximate approximate and ones not quarty on the during in the information indicated on this annual roper or supplemental manual roper is true and accurate and that my signature shall have the same legal allect as a made under oth; that I am an officer or director of the coposition or the accurate and made under a formation of the open of the coposition or the accurate and open and the accurate and that my harmonic in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ME OF BIONNIO OFFICEN ON DIRECTOR