FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name L22735 (9) LOS MAMEYES, INC. Principal Place of Business Mailing Address 7921 S.W. 20TH STREET 7921 S.W. 20TH STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 <u>65-0152235</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRENET, EMILIO M 12600 S.W. 197TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33196** 83 84 City 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change GRENET, EMILIO M NAME 1.2 NAME 12600 S.W. 197TH AVENUE STREET ADORESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP TITLE DELETE 31 TITLE Change NAME 3 2 NAME

Feb 13 1998 8:00am Secretary of State



Applied For

Zip Code

☐ Addition

☐ Addition

___ Addition

Addition

Change

Not Applicable

DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 suppliemental annual upport 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 of the provided 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 on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

3.4. CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME