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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L23410** (8)

1. Corporation Name
MINDY M., INC.



Principal Place of Business
**800 NE 199TH ST
STE D-107
N. MIAMI BEACH FL 33179
US**

Mailing Address
**C/O MINDY MESTEL
800 NE 199TH ST., #D-107
N. MIAMI BEACH FL 33179-3013
US**

3. Date Incorporated or Qualified **10/16/1989** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0150707** 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

2. Principal Place of Business 2a. Mailing Address
21 **1947 N.E. 147 Lane** 26 **1947 N.E. 147 Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 **North Miami, FL** 28 **North Miami, FL**
Zip Country Zip Country
24 **33181** 25 **USA** 29 **33181** 30 **USA**

9. Name and Address of Current Registered Agent

**MESTEL, MINDY
800 NE 199TH ST
STE D-107
N. MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name **MINDY MESTEL**
82 Street Address (P.O. Box Numbers Not Acceptable) **1947 N.E. 147 Lane**
83
84 City **North Miami** FL 85 Zip Code **33181**

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	D	<input type="checkbox"/> DELETE
NAME	MESTEL, MINDY	
STREET ADDRESS	800 NE 199TH ST, STE D-107	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTANA, TONY	
STREET ADDRESS	800 NE 199TH ST, STE D-107	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1947 N.E. 147 Lane
14 CITY-ST-ZIP	North Miami, FL 33181
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1947 N.E. 147 Lane
24 CITY-ST-ZIP	North Miami, FL 33181
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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: **Mindy Mestel** **MINDY MESTEL** **4/22/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)