FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	•	1997

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Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** # 1.9500000887 1a. Principal Place of Business Address MENA REALTY, L.C. 571 S.W. 71ST COURT 571 S.W. 71ST COURT MIAMI FL 33144 MIAMI FL 33144 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualifled | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 11/17/1995 Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number 65-06353 29 Applied For City & State City & State APPLIED FOR Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country SB 25 Add bonal Fee Begoned: 02/07/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name MENA, JOSE Street Address (P.O. Box Number is Not Acceptable) 571 S.W. 71ST COURT MIAMI FL 33144 Suite, Apt. #, etc. 800002167408---05/06/97--01069--002 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE . (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers 571 S.W. 71ST COURT MGRM MENA, JOSE MIAMI FL MEM MENA, MARCO T 8810 FOUNTAIN BLEU BLVD. MIAMI FL 11. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to effect this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER OR MANAGER