

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M11403 (6)

1. Corporation Name

MESA MEAT PROCESSORS CORP.



Principal Place of Business

Mailing Address

C/O MARIA MESA
201 N.E. 9 AVE.
HIALEAH FL 33010

C/O MARIA MESA
201 N.E. 9 AVE.
HIALEAH FL 33010

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MESA, MARIA
201 N.E. 9 AVE.
HIALEAH FL 33010

3. Date Incorporated or Qualified

02/12/1985

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2497721

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 identified agent, etc.

Signature typed or printed name of registered agent and identified agent, etc.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PSD	MESA, MARIA	201 N.E. 9 AVE. HIALEAH FL	☐
	VTD	MESA, JUAN M.	201 N.E. 9 AVE. HIALEAH FL	☐
				☐
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	CHANGE	ADDITION
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
15				☐	☐	☐
16				☐	☐	☐
17				☐	☐	☐
18				☐	☐	☐
19				☐	☐	☐
20				☐	☐	☐
21				☐	☐	☐
22				☐	☐	☐
23				☐	☐	☐
24				☐	☐	☐
25				☐	☐	☐
26				☐	☐	☐
27				☐	☐	☐
28				☐	☐	☐
29				☐	☐	☐
30				☐	☐	☐

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 119.07(3)(g), 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:

Juan M. Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan M. Mesa 3-18-96 305-888-1914
VTD

CR2E034 (12/95)