. FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M38981

(0)

VICTOR M. MENDEZ, PLS, INC.

Feb 12 1997 8:00am											
Secretary of State											

I KROKERNI KOK INKA TAKAK TAKAK TAKAK KORBUNIKA BEKAK BABUL ANAK REBEL ATAKO ANAK ANAK

EII ED

L															
Principal Place of Business Mailing Address															
14730 SOUTHWEST 43RD WAY MIAMI FL 33185					14730 SOUTHWEST 43RD WAY MIAMI FL 33185-4371				•	#					
										3.	Date Incorporated or Qualified 09/25/1986	3a. Da	ate of Last Re /21/1996	eport	
——————————————————————————————————————					2a. Mailing Address				4,	FEI Number		Ap	plied For		
21				26	26					<u> </u>	59-2721895			t Applicable	
Suite, Apt. #, etc.				27	······································					5.	Certificate of Status Desired		\$8.75 A Fee Re		
City & State				28	City & State				,	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
	Zip		Country		Zip		Countr	У		8.	This corporation has liability for in	ntangible	tak under s.	199.032,	
2	4	25		29		30					Florida Statutes	Yes [Z No		
L			d Address of Cu	rrent Regist	tered Agent					10.	Agent				
MENDEZ, VICTOR M.							B1	81 Name							
14730 S.W. 43 WAY									Street Addres	ss (F	O. Box Number is Not Acceptable	e)			
MIAMI FL 33185															
							83								
1							84	1	City			FL	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I agriculture with, and accept the obligations of Section 607.0505, Flor									named corpo	ratio	n submits this statement for the n		f changing it	e ranietarad	
Ì	office or re	egixtered agent	or both, in the S	tate of Floric	la. Such change w	as autho	rized b	y ti	he corporatio	n's t	poard of directors. I hereby accep	the app	ointment as	registered	
		A	No.	Malions of	, 366,0011 607,0303	, rioliua	Olatute	15.				11.	1100		
	SIGNATURE	Signature: typed or po	inted name of registers	n ageril an sidle	if application (NOTE: Regis	slered Ac	eni	signature required	wher	reinstating)	DATE	47/	····	
r	12.		OFFICERS	AND DIREC	XOR6	1	13.			-	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 12	
Γ	TITLE	PD		``	DELETE	1	L1 TITLE					***************************************	☐ Change	Addition	
	NAME	MENDEZ, VI				1	1.2 NAME								
	STREE1 ADDRESS	14730 SW 4	ISRD WAY			,	I.3 STREE	T AD	DORESS						
	CITY-ST-ZIP	MIAMI FL				1	.4 CITY-	ST-	ZIP					i	
	TITLE				DELETE	2	2.1 THTLE						Change	Addition	
	NAME					1 2	2.2 NAME								
	STREET ADDRESS	l				1 2	2.3 STREE	T AL	OORESS		•				
L	CITY-51-71F					1 2	2.4 CITY-	<u>S1</u> -	ZIP		sakto:				
	TITLE				DELETE	3	1.1 TITLE						Change	Addition	
NAME						3.2 NAME									
	STREET ADDRESS					3	1.3 STREE	T AD	OORESS						
	CITY - ST - ZIP						3.4. CITY-	ST-	ZiP					j	
	TITLE				☐ DELETE	4	1 TITLE						Change	Addition	
	NAME					14	2 NAME								

6.4 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 ghanged, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4 4 City-St-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-76P

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

308-151-7766

Change

Change

Addition

Addition