**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

<ol> <li>Corporation</li> </ol>	MEN I # M98244 INDUSTRIES, INC.	1			
Principal Place	of Business	Mailing Address		( )00(00)( )(0 (0)(0) (10)(0 (10)( 0)(0)) (10)( 0)(0)	. 95911 81811 91911 21411 81811 1881
11961 SW 144T	H ST	11961 SW 144TH ST			
MIAMI FL 33186 MIAMI FL 33186			DO NOT WRITE IN THI	IS SDACE	
US		US		3. Date Incorporated or Qualifed	3 SFACE
			-	09/07/1988	
2. Principal Pl	ace of Business	2a. Mailing Address	J+	4. FEI Number	Applied For
21		26		65-0088072	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			<u></u>
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	0	28	Country	Trust Fund Contribution  8. This corporation owes the current year I	
Zip	Country	210	30	Personal Property Tax.	Yes <b>X</b> No
24	9. Name and Address of Currer			10. Name and Address of New Registere	d Agent
1196	ST, MARY ANN 11 SW 144TH ST AI FL 33186		81 Name Fer 82 Street Addr 11961 SW 83 City Mia	mandez, Eva ess (P.O. Box Number is Not Acceptable) 144th Street	L 85 Zip Code 33186
agent. I a	m familiar with, and accept the obliga	mions of, Section 607.0505, Flo	riga Statules.		
12.		ID DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition
TITLE	SD	DELETE	1.1 TITLE		□ Citalige □ Ci Audition
NAME	HURST, MARY ANN		1.2 NAME	•	
STREET ADDRESS	11961 SW 144TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DP	□ DETE 15	2.1 TITLE		
NAME	MANN, MICHAEL J. 11961 SW 144TH ST		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33186		2.4 CITY-ST-ZIP	and the second	÷ =
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Vice President Michael E. Little		3.2 NAME	·	
STREET ADDRESS	11961 SW 144th Str	oot	3.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33186	CCL	3.4. CITY-ST-ZIP	•	
TITLE	THEMILE, P. D. SSTOO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Michael J. Mann

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90039 021 \*\*\*150.00