## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400006163

1. Corporation Name

LAR MEHMEI, INC.

Principal Place of Busines
5757 BLUE LAGOON DR
SUITE 400
MIAM) EL 33136

Mailing Address

5757 BLUE LAGOON DR SUITE 400

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90001 047 \*\*\*\*61.25

MIAMI FL 3312	6	MIAMI PL 33120						
Principal Place of Business     2a. Mailing Address				3. Date incorporated or Qualifed 12/19/1994				
1	26				4. FEI Number Applied For			
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0527191		1	ou ro
2		27			00 0021 101		\$8.75 Ad	<del>· ·                                    </del>
City & State City & State					5. Certificate of Status Desired			
			Country					
Zip	Zip Country Zip				Election Campaign Financin     Trust Fund Contribution	g . 🗆	Added to	•
4	25	29 3	0		10. Name and Address of New	v Registered		. 000
	9. Name and Address of Curre	ent Registered Agent		N	IV. Name and Address of No.	· itogiotorou		
			81	Name				
DINAMRCO, RODRIGO				Street Add	iress (P.O. Box Number is Not Acce	ptable)		
5757 BLUE LAGOON DR			L_					
			83		•	•	•	•
SUITE 400			84	City		<del></del>	85 Zip Co	de
MIAMI FL 33126  11, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the					, or a large report at \$10 for a significant and the significant at th	FL	■ 1. g. v.z. 1. p. c. 4.114	2 mit (3-41
agent: I a	to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig					DATE	2,12 € 131 . 101 € 2014	
SIGNATORIC	Signature, typed or printed name of registered ag	-		nt signature requir	red when reinstating) ADDITIONS/CHANGES TO		ND DIRECTOR	S IN 12
12.	OFFICERS A	AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO	OI I IOLING A	Change	Addition
TITLE	D	☐ DELETE	1.5 TITLE		Beth G			
NAME	DINAMARCO, RODRIGO		1.2 NAME	-	en est son	•		-
STREET ADDRESS	11031 SW 147TH CT		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-S	ST-ZIP		<u></u>	C Character	
TITLE	D	☐ DELETE	2.1 TITLE	1	·		Change	C Additio
NAME	I	<b>—</b>		1	•			Addition
,	RARBOSA, MARISE		2.2 NAME		•	•		Additio
	BARBOSA, MARISE   5757 RLUE LAGOON DR SUIT			T ADDRESS				Addition
STREET ADDRESS	5757 BLUE LAGOON DR SUIT							<del>-</del>
CITY-ST-ZIP	5757 BLUE LAGOON DR SUIT MIAMI FL 33143		2.3 STREE			·	☐ Change	<del>-</del>
CITY-ST-ZIP	5757 BLUE LAGOON DR SUIT MIAMI FL 33143 D	TE 400	2.3 STREE 2.4 GITY-				Change	Addition
CITY-ST-ZIP TITLE NAME PARTITION	5757 BLUE LAGOON DR SUIT MIAMI FL 33143 D CIPRIANI, MARISE F	TE 400	2.3 STREE 2.4 GITY- 3.1 TITLE 3.2 NAME		· · · · · · · · · · · · · · · · · · ·		Change	<del>-</del>
CITY-ST-ZIP	5757 BLUE LAGOON DR SUIT MIAMI FL 33143 D CIPRIANI, MARISE F	TE 400	2.3 STREE 2.4 GITY- 3.1 TITLE 3.2 NAME	ST-ZIP			☐ Change	<del>-</del>

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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of the receiver of the corporation attachment with an address, with all other like empowered. CITY-ST-ZIP

4,1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 TIDE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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