Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90129 043 ***150.00

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RROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000011178

1. Corporation Name

M.C.W. AMERICA, INC.

Principal Place	of Business	Mailing Add	dress				{	ICO COLCO ICOLE BOSSO OI	EKIK Ba ili Gb ias ii	16 1 (1891 1991	
4970 S.W. 72ND			2ND AVENUE								
#108		#108						50 1107 11/0	TE IN THIS (DACE	
MIAMI FL 33155		MIAM1 FL 33155									
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2. Principal Pla	are of Business	2a. Mailing	Address					<u> </u>		A	polied For
21	acc of Busiless	26	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4 65-09	09207	_ 	
Suite, Apt. #	etc.	_ 	pt. #, etc.								
22		27					5. Certificate of S	Status Desired		Fee Re	equired
City & State		City & S	State				6. Election Camp	paign Financing		\$5.00	May Be
23	and the same of th					_ <u> </u>	Trust Fund Co	ontribution.		Added.	to Fees
Zip	Country	Zip	-	Cou	intry						
24	25	29		30	1					\sim	No
	9. Name and Address of Current	Registered Ag	jent		81	Maria	10. Name and A	daress of New I	Registered A	geni	
AI F.I	ANDRO TAVERNA, ALBERTO				"	Name					
	NW 6TH LANE				82	Street Add	iress (P.O. Box Numb	er is Not Accepta	able)		
	FL 33172				83						——
*****					65						
					84	City	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1992 4. FEI Number 65-0375427 6 5 - 0 9 0 9 2 0 7 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added. to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Xyes No 10. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered				
44 5	#	and 607 1509	Elecido Statut	oo the e	boyo	named con	poration submits this s	statement for the	numose of c	handing its	registered
office or re agent. I am	gistered agent, or both, in the State of n familiar with, and accept the obligation	Florida Such	change was a	uthorized	ı ov tr	he corporati	ion's board of director	s. I hereby acce	pt the appoint	tment as re	gistered
office or re agent. I am SIGNATURE	gistered agent, or both, in the State of familiar with, and accept the obligation signature, typed or printed name of registered agent a	f Florida. Such ons of, Section and title if applicable.	change was a 607.0505, Flo	uthorized rida Stati	i by tr utes.	ne corporati	red when reinstating)	s. I nereby acce	DATE	ment as re	Gizteled
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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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR