FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000006589 (4)**

1. Corporation Name

M.E.P. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11432 S.W. 75TH TERRACE MIAMI FL 33173	11432 S.W. 75TH TERRACE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1993
3a. Date of Last Report: 04/28/1994

21 2. Principal Place of Business: 11432 S.W 75 Terrace
22 Suite, Apt. # etc:
23 City & State: Miami FL
24 Zip: 33173
25 County: U.S.A.

26 2a. Mailing Address: Same.
27 Suite, Apt. # etc: —
28 City & State: —
29 Zip: —
30 County: —

4. FEI Number: 65-0384302 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADILLO, RICARDO J
11432 S.W. 75TH TERRACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: DELGADILLO NORA B.
82 Street Address (P.O. Box Number is Not Acceptable): 11432 S W 75 Terrace
83
84 City: Miami FL 85 Zip Code: 33173

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: Nora B. Delgadillo
(Registered Agent's signature required only if changing registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	PD	1 TITLE	PD ☑ Change ☐ Addition
2 NAME	DELGADILLO, RICARDO J	2 NAME	DELGADILLO NORA B.
3 STREET ADDRESS	11432 S.W. 75TH TERRACE	3 STREET ADDRESS	11432 S.W 75 Terrace
4 CITY ST ZIP	MIAMI FL 33173	4 CITY ST ZIP	Miami FL 33173
5 TITLE	V	5 TITLE	V. ☑ Change ☐ Addition
6 NAME	DELGADILLO, NORA B	6 NAME	POESY LUIS O.
7 STREET ADDRESS	11432 S.W. 75TH TERRACE	7 STREET ADDRESS	11432 S W 75 Terr.
8 CITY ST ZIP	MIAMI FL 33173	8 CITY ST ZIP	Miami FL 33173
9 TITLE	ST	9 TITLE	ST. ☐ Change ☑ Addition
10 NAME	DARRIOS, LUIS P	10 NAME	POESY KEVIN A.
11 STREET ADDRESS	11432 S.W. 75TH TERRACE	11 STREET ADDRESS	11432 S.W 75 Terr
12 CITY ST ZIP	MIAMI FL	12 CITY ST ZIP	Miami FL 33173
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

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)(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.

SIGNATURE: Nora B. Delgadillo Nora B. Delgadillo 5-8-95 (305) 279-6111
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100064 CP