

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000033229 (4)

95 MAY -1 PM 2:13

MODAS MERA INC

64 W 21 ST
HIALEAH FL 33010

64 W 21 ST
HIALEAH FL 33010

Do NOT WRITE IN THESE SPACES

2. Filing Date of this Report		2a. Filing Address	3. Date this Corporation was last reported	3a. Date of Last Report
21		26	05/07/1993	07/25/1994
22. Date of Report		27. Date of Report	4. Filing Number	Approval Fee
22		27	65-0417193	Not Applicable
23. Filing Date		28. Filing Date	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28	☐ ☐	
24. Filing Date		29. Filing Date	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24		29	True Fund Contribution	☐ ☐
25. Filing Date		30. Filing Date	8. This Corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	
25		30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NERA, LETICIA
64 W 21 ST
HIALEAH FL 33010

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct. I am a resident of the State of Florida and am duly qualified to act as a registered agent for the corporation named herein. I am not a partner, officer, director, or agent of the corporation named herein. I am not a partner, officer, director, or agent of the corporation named herein. I am not a partner, officer, director, or agent of the corporation named herein.

Subscribed and sworn to before me this _____ day of _____, 1995.

12. OFFICER, DIRECTOR, OR SHAREHOLDER	13. ADDITIONAL INFORMATION FOR OFFICERS, DIRECTORS, OR SHAREHOLDERS
NAME: D NERA, LETICIA 64 W 21 ST HIALEAH FL 33010	1. Name: ☐ Change ☐ Addition
NAME: D NERA, MARLENE 64 W 21 ST HIALEAH FL 33010	2. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	3. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	4. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	5. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	6. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	7. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	8. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	9. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	10. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	11. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	12. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	13. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	14. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	15. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	16. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	17. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	18. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	19. Name: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition	20. Name: ☐ Change ☐ Addition

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SIGNATURE: *Leticia Mera*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

REMITTED BY MAY 1
4-21-1995 (305) 883-8436