

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000057730 (2)**

1. Corporation Name

MENDOZA HOLDINGS, INC.



Principal Place of Business Mailing Address (SAME)
801 BRICKELL AVE. 241 SEVILLA AVENUE
MIAMI FL 33134 SUITE 1005
CORAL GABLES, FL 33134

2. Principal Place of Business 2a. Mailing Address
21 **241 SEVILLA AV.** 26 **SAME**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
1005
23 City & State 28 City & State
CORAL GABLES FL
24 Zip 25 Country 29 Zip 30 Country
33134 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1993 **08/15/1995**
4. FEI Number
13-4260718
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALLEN, GEORGE F
801 BRICKELL AVE
MIAMI FL 33134
241 SEVILLA AV.
SUITE 1005
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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, the duly accepted appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

George F. Allen

(If the Registered Agent is not a natural person, the signature of the person authorized to execute this statement on behalf of the agent must be submitted.)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☒ ADD ☐ DELETE
NAME **SAFFE, F. DANIEL**
STREET ADDRESS **2665 G. BAYSHORE DR #700**
CITY-ST-ZIP **241 SEVILLA AV. MIAMI FL CORAL GABLES FL**
TITLE ☒ ADD ☐ DELETE
NAME **ALLEN, GEORGE F**
STREET ADDRESS **801 BRICKELL AVE #1401**
CITY-ST-ZIP **241 SEVILLA AV. MIAMI FL CORAL GABLES FL**
TITLE ☒ ADD ☐ DELETE
NAME **GLAS, RICARDO**
STREET ADDRESS **9090 S. DADELAND BLVD**
CITY-ST-ZIP **MIAMI FL**
TITLE ☐ ADD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ ADD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ ADD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P. & D.** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **241 SEVILLA AV**
1.4 CITY-ST-ZIP **CORAL GABLES FL**
2.1 TITLE **S. & D.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **241 SEVILLA AV.**
2.4 CITY-ST-ZIP **CORAL GABLES FL**
3.1 TITLE **V.P. & D.** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this initial 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:

George F. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE F. ALLEN Secretary

4/29/96
Date

445-8100
Filing Fee

CR2E034 (12/95)