FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000058624 (6)

RICHARD MINEO ASSOCIATES, INC.

FILED May 02 1997 8:00am Secretary of State

Principal Place of Business 3610 LLOYD ORIVE FT. LAUDERDALE FL 33309 US Mailing, Address 3610 LLOYD ORIVE FORT LAUDERDALE FL 33309-5015 US			3. Date Incorporated or Qualified 3a. Date of Last Report			
			08/16/1993	04/10	6/1996	
2. Principal Place of Business	2a. Mailing Address	LAWERDAYE FL	4. FEI Number 65-0434711		F	optied For ot Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	LANGERDÁVE FL	6. Certificate of Status Desired	X	\$8.75 A	
2	27		6. Certificate of Status Desired	_	Fee Re	quired
City & State	City & State		6. Election Campaign Financing		\$5.00	
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	otongible to	Added t	
25	29	30		Yes		199,032,
9. Name and Address of Co			10. Name and Address of New Reg	Istered A	jent	
FORT LAUDERDALE FL 33309 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent I am familiar with, and accept the	7.0502 and 607.1508, Florida Ste State of Florida, Such change w	84 City	rporation submits this statement for the pu	FL urpose of c		Code Is registered
TORE PSTD MANUEL MINEO, RICHARD	ed agent and title if applicable S AND DIRECTORS DELETE NOW ADDROSS	NOTE: Registered Agent signature requirements. 13. 1.1 TITLE 1.2 NAME. 1.3 STREET ADDRESS	ired when (Einstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	IS IN 12
CITY-ST-ZIP FT. LAUDERDALE FL 833	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
NAME MINED KICI STREET ADDRESS 36/0 LLOYS	DRIVE	2.2 NAME 2.3 STREET ADDRESS	:	_		
TORY CHUDE	XVX @ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	į.		Change	Addition
NAME STHEFT ADDRESS FL. 33309		3.2 NAME 3.3 STREET ADDRESS	!			
HTLE	DELETE	3.4. CITY-\$T-ZIP 4.1 TITLE	<u> </u>	I	Change	Additio
IAME STREFT ADDRESS		4. 2 NAME 4.3 STREET ADDRESS				
DITY ST-20P	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		I	Change	Additio
VAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS				
OTY - \$1 - 71F OTLE NAME	☐ DELETE	5.4 CITY - \$7 - 2IP 6.1 TITLE 6.2 NAME		L	Change	Additio
STREEL ADDRESS CITY - ST - 2IF 14. If do bereby certify that the information su	had with this (Ping does not go	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	and in Spation 110 07/3VI) Elorida Statutor	Lorder	nortify that	the

14. I do 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.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25.97 5613074

1012 # 0247018