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PROFIT CORPORATION ANNUAL REPORT



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

1996

M.E.C. (S.A.) OF FLORIDA, INC.  Principal Place of Business  2101 W COMMERCIAL BLVD. SUITE 4100  Mailing Address  2101 W COMMERCIAL BLVD. SUITE 4100				il BLVD.				
FORT LAUD US	ERDALE FL 33309		RT LAUDERDALE (	FL 33309		3. Date Incorporated or Qualified 09/10/1993		ast Report
2. Principal Pl	ace of Business	2a, Ma 26	iling Address	······································		4. FEI Number 65-0491857	<u> </u>	1/1995 Applied For
Suite, Apt.	#, etc.	h	te, Apt. #, etc.			5. Certificate of Status Desired	\$t	Not Applicable  8.75 Additional
City & State	}	27   City	& State			Election Campaign Financing	L.J.	Fee Required
<b>23</b> Ζιρ	Country	28     Zip		Countr		Trust Fund Contribution	· ·	5.00 May Be Added to Fees
24	25	29		30	y	This corporation has liability for Florida Statutes  Yes	rintangible tax und s	ders 199.032,
	9. Name and Address of Cur	rent Registered	d Agent	81	Name	10. Name and Address of New	Registered Agen	t
FORMA	n, robert s esq. Commercial blvd.			82	1,12,110	dress (P.O. Box Number is Not Acceptal	NI-A	
SUITE 4	100			83		oress to box number is not Acceptal	010)	
FORT L	AUDERDALE FL 33309							
							1	7 01-
11. Pursuant to	the provisions of Sections 607.05	M and 607 150	VO . Electric Box 1	84	1		FL 85	Zip Code
<ol> <li>Pursuant to or registero familiar with</li> </ol>	o the provisions of Sections 607.05 and agent, or both, in the State of Fig h, and accept the obligations of, Se	502 and 607,150 orida. Such char ection 607,0505.	08, Florida Statute nge was authoriza Florida Statutes		1	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing ointment as regist	Its registered office
SIGNATURE				es, the above-red by the corp	named corpo coration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing cointment as regist	Its registered office ered agent. I am
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SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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