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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # P93000075671

1. Corporation Name.

MEVEX ENTERPRISES, INC.

Principal Pla	ce of Business

**FILED** 

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90060 046 \*\*\*150.00

	e of Business	Mailing Address		1	
12522 SW 94 L	ANE	13125 S.W. 104TH TERRACE			
MIAMI FL 33186	•	MIAMI FL 33186		DO NOT WRITE IN TH	HE SPACE
US					115 SPACE
				3. Date Incorporated or Qualifed	
	The second secon	<u>, i jeus sina s</u>	<u></u>	11/02/1993	<del></del>
2. Principal Pl	lace of Business	2a. Mailing Address	· 1901	4. FEI Number	Applied For
21		26 10,000	W 1710	no 65-0447475	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	·	27			
City & State	e .	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28 / / ( 7/ ) (	124	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 3100 -	¬Country ソスト	8. This corporation owes the current year	
24	25	29 3 2 1 1 1 3		Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
VIII	MADIA E		81 Name	DARIA E. V	1110
	), MARIA E		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	11000
	5 S.W. 104TH TERRACE			500 SW 77	27700
MIAN	Al FL 33186		83		
			84 City	<u> </u>	85 Zip Code
				11AM1 F	ドランのも
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth one of Section 607 0505. Florid	norized by the corpor	ation's board of directors. I hereby accept the ap	pointment as registered
_	m familiar with, and accept the obligate	2/2000	V	COM Hague 3	,-1)-7
SIGNATURE	Signature, typed op printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature req	uired when revistating) DATE	
12,	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Pries Secure	Change Addition
TITLE NAME	PD Vimo, maria e	☐ DELETE	1.1 TITLÉ 1.2 NAME	MARIAE. VIMO	Change Addition
NAME	VIMO, MARIA E	☐ DELETE	1	MARIAE. VIMO	Change Addition 3
NAME STREET ADDRESS	VIMO, MARIA E 13125 S.W.104TH TERRACE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS	MARIAE. VIMO	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	VIMO, MARIA E	☐ DELETE	1.2 NAME	MARIAE VIMO	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VIMO, MARIA E 13125 S.W.104TH TERRACE	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	MARIAE VIMO	94 / ANG A 33186
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VIMO, MARIA E 13125 S.W.104TH TERRACE	_	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	MARIAE VIMO	94 / ANG A 33186
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14. I 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, with all other like empowered.

**SIGNATURE:**