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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000985 (9)

CAROL A. MENENDEZ, INC.

FILED Feb 28 1997 8:00am Secretary of State



Principal Place of Business WMENENDEZ, CAROL A. 9990 MARLIN ROAD MIAMI FL 33157 US		Mailing Address *MENENDEZ.CAROL A. 9990 MARLIN ROAD MIAMI FL 33157-8651 US		3. Date Incorporated or Qualified 01/05/1994 04/25/1996			
2. Principal Place 21 PO Bo	e of Business D× <i>571152</i>	26 PO Box 57/152			4. FEI Number 65-0460211		Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt #, etc.		5. Certificate of Status Desired See Required			
Cty & State 23 Miami, FL		City State 28 MANI, FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
^{2φ} 24 53257	Country 25 USA 9. Name and Address of Current		Country 30 US	4	8. This corporation has liability for i Florida Statutes 10. Name and Address of New Rev	Yes No	der s. 199.032,
—	NDEZ, CAROL A.	The state of the s	81	Name	ID. Harro and Address of Hotel He	hereton Agent	
	MARLIN ROAD	82 Street		O4	ddress (P.O. Box Number is Not Acceptable)		
	FL 33157			Street Addre	udress (P.O. Box Number is Not Acceptable)		
			83				
			84	Citu		lor!	Zin Codo
				City	(FL 85	Zip Code
SIGNATURE Egy	amiliar with, and accept the obligat nation, an pure manifering or reported agen OFFICERS AND	and take if applicable (NOTE	Registered Agent		d when reinstating) ADDITIONS/CHANGES TO OFFIC		
	, Menendez, carol a	L_1 Deten	1.1 TITLE	D	P/S	≥ Ch	ange Addition
	6 CAROL A MENENDEZ INC	9990 MARI IN RD	1.2 NAME		NENDEZ CAROL	1682 I	nc Ma
	AIAMI FL 33157	OOO IIVA ILIIT TAD	1.3 STREET A	JUHESS 200	Box 571152		
CHY-SI-70P N	12 00 101	, DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP	HAMI, FL 332	()	ange Addition
NAME			2.2 NAME				mgs resultion
STREET ADDRESS			2 3 STREET A	DOBESS			•
CITY - \$1 - 7(2)			2. 4 CITY-ST				
1 lrt		DELETE	3.1 TITLE			☐ Cha	ange Addition
NAME			3.2 NAME				
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NAME			4. 2 NAME		•		
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NAME STREET ADDRESS			5.2 NAME 5.3 STREET A	nnpece			
CITY ST-76			5.3 STREET A 5.4 CITY - ST-				
1011 51-71		DELETE	6.1 TITLE	Zu.		Cha	ange Addition
NAME		hand country	6.2 NAME			Oik	- La notabil
STREET ADDRESS			6.3 STREET A	ndress			
CHTY+S1+ZIP	•		6.4 CITY - ST-				
المالات الأصحابين ويست							

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 eath; that I am an officer or director of the comporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-97

305 254-5180