FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:28

DOCUMENT # P94000028006 (2)

1. Corporation Name
MECHE CORPORATION

Principal Place of Business	Mailing Address
1465 NE 123 STREET SUITE 403 NO MIAMI FL 33161	1465 NE 123 STREET SUITE 403 NO MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 19500 BOB-O-LINK DR
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33015
25 Country:

2a. Mailing Address
26 19500 BOB-O-LINK DR
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33015
30 Country: U.S.A

4. FEI Number: 65-0564702 ☐ Applied For ☐ Not Applicable

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

BOURONCLE, JAIME
1465 NE 123 STREET SUITE 403
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: BOURONCLE, JAIME
82 Street Address (P.O. Box Number is Not Acceptable): 19500 BOB-O-LINK DR
83
84 City: MIAMI FL 85 Zip Code: 33015

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	BOURONCLE, JAIME	1.2 NAME	BOURONCLE, JAIME	
STREET ADDRESS	1465 NE 123 STREET SUITE 403	1.3 STREET ADDRESS	19500 BOB-O-LINK DR	
CITY-ST-ZIP	NO MIAMI FL 33161	1.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VSD	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	BOURONCLE, JUANA M	2.2 NAME	BOURONCLE, JUANA M.	
STREET ADDRESS	1465 NE 123 STREET SUITE 403	2.3 STREET ADDRESS	19500 BOB-O-LINK DR	
CITY-ST-ZIP	NO MIAMI FL 33161	2.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		3.1 TITLE	M	☐ Change ☒ Addition
NAME		3.2 NAME	BOURONCLE, SANDRA	
STREET ADDRESS		3.3 STREET ADDRESS	19500 BOB-O-LINK DR	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/20/95 (305) 819-1857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174381 CP