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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028006 (2)

MECHE CORPORATION

**FILED** May 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  | DOLLI ABINE BAND WAND SALUL ABINE BALLA BUST HANT  |
|--|--|
| 19500 BOB-O-LINK DR 19500 BOB-O-LINK DR MIAMI FL 33015 MIAMI FL 33015 US DO NOT 1  | WRITE IN THIS SPACE  |
| 3. Date Incorporated or Qua 04/11/1994   | lified   |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number   | Applied For  |
| 21 65-0564702  | Not Applicable   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  | SS 75 Additional   |
| 5. Certificate of Status Desire  | Fee Required   |
| City & State City & State 6, Election Campaign Finance 23 7 Trust Fund Contribution  | sing \$5.00 May Be   |
| 7.0  | has paid the current year Intangible   |
| 24 25 29 30 Personal Property Tax due  |  |
| Name and Address of Current Registered Agent     10. Name and Address of Name  |  |
| BOURONCLE, JAIME 81 Name   |  |
| 19500 BOB-O-LNK DR 82 Street Address (P.O. Box Number is Not Acc   | contoble)  |
| MIAMI FL 33015   | Sebrapie)  |
| 83   |  |
| 84 City  | FL 85 Zip Code   |
|  |  |
| <ol> <li>Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> <li>SIGNATURE</li> </ol>   | accept the appointment as registered   |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or present some of registerial agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)   | accept the appointment as registered   |
| agent. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prefet force of registerial agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  | DATE  OFFICERS AND DIRECTORS IN 12   |
| agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Syled or protect came of registerial agent and title if applicable.  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  PTD  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE   | accept the appointment as registered   |
| SIGNATURE  Signature: byted or printed some of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: byted or printed some of registerial agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  TITLE  PTD  DELETE  1.1 TITLE  BOURONCLE, JAIME  12. NAME  STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  | DATE  OFFICERS AND DIRECTORS IN 12   |
| SIGNATURE  Signature: byted or printed some of registered agont, or txxim, in the State of Forder Such change was authorized by the corporation's board of directors. Thereby agent, Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: byted or printed some of registerial agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  TITLE  PTD  DELETE  1.1 TITLE  BOURONCLE, JAIME  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MAMIFL  1.3 STREET ADDRESS  LA CITY-ST-ZIP  | OFFICERS AND DIRECTORS IN 12  Change Addition  |
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| SIGNATURE  SIGNATURE | OFFICERS AND DIRECTORS IN 12  Change Addition  |
| SIGNATURE  SIGNATURE | OFFICERS AND DIRECTORS IN 12  Change Addition  |
| agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bysed or protect connected and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO  TITLE PTD DELETE 11 TITLE  NAME BOURONCLE, JAIME  STREET ADDRESS 19500 BOB-O-LNK DR 1.3 STREET ADDRESS  CITY-ST-ZIP MIAMI FL 14 CITY-ST-ZIP  TITLE VSD DELETE 2.1 TITLE  NAME BOURONCLE, JUANA M  STREET ADDRESS 19500 BOB-O-LNK DR 2.3 STREET ADDRESS  LTT-ST-ZIP MIAMI FL 2.2 NAME  STREET ADDRESS 19500 BOB-O-LNK DR 2.3 STREET ADDRESS  LTT-ST-ZIP MIAMI FL 2.2 NAME  STREET ADDRESS 19500 BOB-O-LNK DR 2.3 STREET ADDRESS  LTT-ST-ZIP MIAMI FL 2.2 NAME  STREET ADDRESS 19500 BOB-O-LNK DR 2.3 STREET ADDRESS  LTT-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP  | OATE OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition  |
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| onice or registered agont, or both, in the State of Floridic Such change was authorized by the corporation's board of directors. Thereby agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prefet frame of registeral agent and title if applicately. (NOTE Registered Agent signature required when reinstating)  12.   | OATE  OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition                        |
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sound Housel 4 (21, 98 1305) 829-6220