

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000031461 (4)

1. Corporation Name

M.E.M. SYSTEMS AND DESIGN, INC.



Principal Place of Business

Mailing Address

13912 SW 91 TERRACE
MIAMI FL 33186
US

13912 SW 91 TERRACE
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1994

4. FEI Number

65-0487996

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21 1325 N.W. 93rd Court

26 1325 N.W. 93rd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B 114

27 B 114

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33172

25 USA

29 33172

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, ALEX
9056 NW 116TH STREET
HIALEAH GARDENS FL 33018

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 to be 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

Signature: Type or print name of registered agent and title of agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.31.98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MONTEFUSCO, ANGEL R
STREET ADDRESS 13912 SW 91 TERRACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME HERNANDEZ, MARIA A
STREET ADDRESS 13912 SW 91 TERRACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

04.31.98

ANGEL MONTEFUSCO

04.31.98

305.4369362

CR2E034 (10/97)