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 # P94000044392

1. Corporation MUNDIN	MEX CO.						
Principal Place of Business Mailing Address					- I HERIHARIN SIM IMINS MIREL MENIK MAKKI MAKIN MAKIN	BIBIL BIBBB HIND	HANCE HIND INNE
5209 NW 74 AVE		5209 NW 74 AVE					
SUITE 212		SUITE 212				-	
MIAMI FL 3316	66	MIAMI FL 33166			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 06/09/1994		
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Ap	plied For
21		26			11-2893580	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	<u> </u>	Country		8. This corporation owes the current year In		
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
			81	Name			
APODAÇA, EMANUEL D			82	C++ A - -			
	1 SW 192 ST		02	Street Addre	ess (P.O. Box Number is Not Acceptable)	ie gere Geografie	
MIAI	MI FL 33166		83		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	111. (i. 44 ' ' ' '	5131999
					一个可以在自己對於自己精神觀測	的连续让人	
			84	City	FI	85 Zip C	ode
11. Pursuant	t to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes, the	he above	-named corpo	pration submits this statement for the purpose of	changing its	registered ===================================
office or i	registered agent, or both, in the State am familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was author tions of, Section 607.0505, Florida : ht and title if applicable. (NOTE: Regis	rized by t Statutes.	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing its intment as reg	registered ===================================
office or a gent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state	of Florida. Such change was author tions of, Section 607.0505, Florida : https://doi.org/10.0505/10.05	rized by t Statutes.	the corporation	n's board of directors. I hereby accept the appo	intment as reg	gistered RS IN 12
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state agent of th	of Florida. Such change was authoritions of, Section 607.0505, Florida : and title if applicable. (NOTE: Regis D DIRECTORS	rized by t Statutes. stered Agent	the corporation	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AP	ND DIRECTO	gistered
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of signature, typed or printed name of registered agenty of P ZAWISTOWSIA, STEFAN	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. Directors	rized by t Statutes. stered Agent 13.	the corporation	n's board of directors. I hereby accept the appo	ND DIRECTO	gistered RS IN 12
office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the obligated agent of the obligated of	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. Difference Differe	rized by t Statutes. stered Agent 13.	the corporation	n's board of directors. I hereby accept the appo	ND DIRECTO	gistered RS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligated agent of signature, typed or printed name of registered agent of printed name of registered agent of the state of the	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. D DIRECTORS DELETE	rized by t Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME	the corporation t signature required ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligated agent of the obligated of	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. (NOTE: Registable DIRECTORS	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	the corporation t signature required ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	gistered RS IN 12
office of Lagent. Lagent. Lagent. Lagent. Lagent. Lagent. Lagent	registered agent, or both, in the State am familiar with, and accept the obligated agent of the obligated of	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. (NOTE: Regis D DIRECTORS DELETE	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	the corporation t signature required ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12
office of Lagent. Lagent. Lagent. Lagent. Lagent. Lagent. Lagent	registered agent, or both, in the State- am familiar with, and accept the obligal Signature, typed or printed name of registered ager OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE	stered Agent 13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12
office of Lagent. Lagent. Lagent. Lagent. Lagent. Lagent. Lagent	registered agent, or both, in the State- am familiar with, and accept the obligal Signature, typed or printed name of registered ager OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida in and title if applicable. (NOTE: Regis D DIRECTORS	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature required ADDRESS ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State- am familiar with, and accept the obligal Signature, typed or printed name of registered ager OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. OD DIRECTORS DELETE	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	t signature required ADDRESS ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State- am familiar with, and accept the obligal Signature, typed or printed name of registered ager OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. D DIRECTORS DELETE	rized by to Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	t signature required ADDRESS ADDRESS	n's board of directors. I hereby accept the appo	ND DIRECTO	RS IN 12 Addition Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligated agent of familiar with, and accept the obligation of the state of	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE	rized by to Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-ST 3.1 TITLE	t signature required ADDRESS 7- ZIP ADDRESS 7- ZIP	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO: Change Change	RS IN 12 Addition Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the obligated agent of familiar with, and accept the obligation of the state of	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. ID DIRECTORS DELETE DELETE	rized by to Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	t signature required ADDRESS 7-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12 Addition Addition
Office of Lagent. Lage	registered agent, or both, in the State am familiar with, and accept the obligated agent of familiar with, and accept the obligation of the state of	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET	t signature required ADDRESS 7-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12 Addition Addition
office of agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligated agent of familiar with, and accept the obligation of the state of	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST	t signature required ADDRESS 7-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12 Addition Addition
Office of Lagent. Lage	registered agent, or both, in the State am familiar with, and accept the obligated of signature, typed or printed name of registered agen. OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida intendition of the policy of	stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE	t signature required ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12 Addition Addition
Office of Lagent. Lage	registered agent, or both, in the State am familiar with, and accept the obligated of signature, typed or printed name of registered agen. OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE	rized by t Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.2 NAME	t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO: Change Change	RS IN 12 Addition Addition Addition
Office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligated of signature, typed or printed name of registered agen. OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE DELETE	rized by to Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.1 TITLE	t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12 Addition Addition
Office of I agent. I a agent. I a separate I agent. I a separate I agent. I a separate I agent. I agen	registered agent, or both, in the State am familiar with, and accept the obligated of signature, typed or printed name of registered agen. OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida and title if applicable. (NOTE: Regis D DIRECTORS DELETE DELETE	rized by t Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.4 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET 5.5 NAME 5.5 NA	the corporation t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO: Change Change	RS IN 12 Addition Addition Addition
Office of a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State- am familiar with, and accept the obligal Signature, typed or printed name of registered ager OFFICERS AN P ZAWISTOWSIA, STEFAN 8410 MAIN ST JAMAICA NY 11435	of Florida. Such change was authoritions of, Section 607.0505, Florida and title if applicable. It and title if applicable. D DIRECTORS DELETE DELETE DELETE	rized by to Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET	the corporation t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO: Change Change	RS IN 12 Addition Addition Addition
office of a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the obligated agent of Ficers and OFFICERS AN PAUL OFFICERS AN STEFAN STE	of Florida. Such change was authoritions of, Section 607.0505, Florida of and title if applicable. (NOTE: Regis D DIRECTORS DELETE DELETE	rized by t Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.4 TITLE 3.2 NAME 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAM	the corporation t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO: Change Change	RS IN 12 Addition Addition 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STEFFOT D 2AWISTOWS W. Problem 1/20199 (305) 693-0470

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90003 041 ***150.00