

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 # P94000076451
 1. Corporation Name

MENDEL & ASSOCIATES, INC.

Principal Place of Business Mailing Address
10806 SW 72 Street Unit 103 Miami, Florida 33173
10806 SW 72 Street Unit 103 Miami, Florida 33173

FILED
 97 APR 24 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified **10/14/94** 3a. Date of Last Report **4/15/96**
 4. FEI Number **65-0534662** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 22 City & State 28 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cristina N. Menocal
10806 SW 72 Street
Unit 103
Miami, Florida 33173

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **10806 SW 72 Street**
-04/24/97--01054--006
 84 City **Miami, FL** ZIP **33173**

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: *[Signature]* DATE: **4/22/97**
Signature: Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	Adolfo Delgado
STREET ADDRESS	1526 Mendavia Ave
CITY- ST- ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	Ina M. Delgado
STREET ADDRESS	1526 Mendavia Ave
CITY- ST- ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE
NAME	Cristina N. Menocal
STREET ADDRESS	10806 SW 72 Street #103
CITY- ST- ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	Coral Gables, FL 33146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	Coral Gables, FL 33146
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MWB
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 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: *[Signature]* DATE: **4/22/97** DAYTIME PHONE #: **305-667-5001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Adolfo DELGADO Director

CR2E034 (9/96)