SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078172

FILED Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90008 008 ***558.75

 Corporation 	n Name	1 04000								
MENELA	OS. INC.									
	•					•-		•		
Principal Place of Business Mailing Address								•	((ESIGN) IN IRIII ARIII	
16701 S DIXIE HWY 16701 S DIXIE HWY					HWY					
MIAMI FL 33157 MIAMI FL 33157					57				DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified	
									10/25/1994	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied F	or
21				26					65-0537366 Not Applie	cable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Addition	
22				27					5. Certificate of Status Desired Fee Required	
City & State				City & State					6. Election Campaign Financing 55.00 May B	
23				28					Trust Fund Contribution	
Zip	Zip Country			Zip		Cour	Country		8. This corporation owes the current year	
24	25		29	11		30	10		Intangible Personal Property. Yes No	
	9. Name	and Address of Curre	nt Regi	istered Age	int		81 Name		10. Name and Address of New Registered Agent	
като	SOLIFIS A	THANASIOS					oi Name			
Katsoufis, Athanasios 16701 S Dixie Hwy				82 Street Add			82 Street	Addre	ess (P.O. Box Number is Not Acceptable)	1
MIAMI FL 33157				83						
MIAMI FE 33137						0.5				
							84 City		FL 85 Zip Code	
11. Pursuant	t to the provis	sions of sections 607.05	02 and 6	607.1508, FI	lorida Statute	s, the abo	ve-named	corpora	ation submits this statement for the purpose of changing its registere	d
office or i	registered as	gent, or both, in the Stat vith, and accept the obli	e of FI0	nga. Such c	change was a	autnonzec	by the con	poratio	on's board of directors. I hereby accept the appointment as registered	۱
SIGNATURE	-		4141							- \
Signature, typed or printed name of registered age 12. OFFICERS AN						OTE: Pasiete	ad Azont sinnat	ura ramid	(red when reinstating) DATE	
12					(N	OTE: Register	ed Agent signat	ure requir	(red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.	D							ure requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 ddition
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14. Thereby 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 <u>|30 |99</u>

(305)235·3051

CR2E034 (5/