

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000079924 (4)

1. Corporation Name

M.E.M. INVESTMENTS, INC.

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

2120 OAKMONT TERRACE
CORAL SPRINGS FL 33071

Mailing Address

2120 OAKMONT TERRACE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

4. FEI Number

65-0534668

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 7951 SW 6TH ST

26 7951 SW 6TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #104

27 SUITE #104

City & State

City & State

23 PLANTATION - FL

28 PLANTATION - FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACHS, JEFFREY S
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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, 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 (Typed or printed name of registered agent and this is applicable)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DE MONTENEGRO, ROSARIO
STREET ADDRESS 2120 OAKMONT TERRACE
CITY - ST - ZIP CORAL SPRINGS FL 33071

TITLE DVST
NAME DE MONTENEGRO, MARIA E
STREET ADDRESS 2120 OAKMONT TERRACE
CITY - ST - ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

MARIA E. DE MONTENEGRO

7/31/95

(305) 423-2401