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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

,	MENT # P94000 MENEZ GROUP, INC.	0091536 (0)			
Principal Plac	e of Business	Mailing Address			ANDER HERBY DEIRO OFFICO OFFICION
8505 NW 74 STREET		8505 NW 74 STREET			
MIAMI FL 331	66	MIAMI FL 33168	•	DO NOT WRITE, IN THIS	S SPACE
				3. Date Incorporated or Qualified	
L				12/16/1994	
<b>—</b> '		2a. Mailing Address	<b>8</b> 71 1	4. FEI Number	Applied For
Suite, Apt. #, etc.			08 Street	59-3289623	Not Applicable
H	#, BCC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Halean, Por	1014 33012	Trust Fund Contribution	Added to Fees
Zip	Country	7(1)	Country	8. This corporation owes or has paid the o	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
DE LA OSA, CARLOS M				6a + Sueiras	
10680 S.W. 113TH PLACE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	4 6
SUITE 101			63 7700	Disch Kendall Derv	e, 501te505
MIAMI FL 33176					
			84 City	n; F	1 185 735 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 register.					
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 registere agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos.					
SIGNATURE	CAS	nons or, occiton occ., coo, c tor	ida didigiça.	/ك	12.198
SIGNATURE	Signature type of a page finance of registers diagra-	t and title if applicable (NOT)	Registered Agest a gnature requ	ired when reinstating) DAIE	107 70
12.	OLEICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	JIMENEZ, REY 4080 SW 153 AVENUE		1.2 NAME		
STREET ADDRESS	MIAMI FL 33027		1.3 STREET ADDRESS		
CITY-ST-ZIP	VD	DELETE	1.4 C(1) Y - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	ACOSTA-JEMENEZ, BLANCA		2.2 NAME		
STREET ADDRESS	4080 SW 153 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33027		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L_] DELETE	4.1 Titlé		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City - St - ZIP 5.1 Title		☐ Change ☐ Addition
NAME		LJ OCKIL	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY - ST - 7IP		

In 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CIGNATURE:

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921-4429441

May 20 1998 8:00am

Secretary of State