

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000013313 (8)**

1. Corporation Name  
**MATHEWS ENTERPRISES, INC.**



Principal Place of Business

~~7010 SW 16TH STREET  
MIAMI FL 33155~~

Mailing Address

~~7010 SW 16TH STREET  
MIAMI FL 33155-1607~~

2. Principal Place of Business

21 **455 Lakeview Dr.**

Suite, Apt., etc.

22 **Unit 4**

23 **Fort Lauderdale, FL**

City & State

24 **33326**

Zip

Country

25 **USA**

2a. Mailing Address

26 **455 Lakeview Dr.**

Suite, Apt., etc.

27 **Unit 4**

28 **Fort Lauderdale, FL**

City & State

29 **33326**

Zip

Country

30 **USA**

3. Date Incorporated or Qualified  
**02/16/1995**

3a. Date of Last Report  
**04/17/1996**

4. FEI Number

**65-0633114**

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

9. Name and Address of Current Registered Agent

**MATHEUS, ALFREDO SR.  
7010 SW 16TH STREET  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name **Mathews, Alejandro**  
82 Street Address (P.O. Box Number Is Not Acceptable) **455 Lakeview Drive**  
83 **Unit 4**  
84 City **Fort Lauderdale, FL** 85 Zip Code **33326**

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 agree to, the provisions of, Section 607.050, Florida Statutes.

SIGNATURE

Signature typed or printed (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHEUS, ALFREDO SR.</b>	
STREET ADDRESS	<b>7010 SW 16TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RICARDO</b>	
STREET ADDRESS	<b>23 SIDONIA STE. 4</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHEUS, ALFREDO JR.</b>	
STREET ADDRESS	<b>7010 SW 16TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHEUS, ALEJANDRO</b>	
STREET ADDRESS	<b>455 LAKEVIEW DR UNIT 4</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<b>President + Secretary and Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	<b>Zip Code 33326</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alejandro Mathews**

**1/13/97 (954) 349-1233**

CR2E034 (9/96)