

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013787 (3)

1. Corporation Name

MENDROBER ENTERPRISES, INC



Principal Place of Business

MIRAMAR EXECUTIVE CENTER, SUITE 311
3600 S. STATE ROAD #7 (441)
MIRAMAR FL 33023

Mailing Address

MIRAMAR EXECUTIVE CENTER, SUITE 311
3600 S. STATE ROAD #7 (441)
MIRAMAR FL 33023

2. Principal Place of Business

2a. Mailing Address

21 1665 W 68 ST

26 1665 W 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 205

27 205

City & State

City & State

23 Hialeah FL

28 Hialeah FL

Zip

Country

Zip

Country

24 33014

25 USA

29 33014

30 USA

9. Name and Address of Current Registered Agent

ASPIAZU, CARLOS
13072 S.W. 88TH LANE
MIAMI FL 33186

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

4. FEI Number

65-0557377

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

10. Name and Address of New Registered Agent

81 Name

MENDEZ ROBERTO

82 Street Address (P.O. Box Number is Not Acceptable)

83

13072 SW 88 LANE

84 City

MIAMI

85

FL

86 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing agent.)

3/18/96

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PSD
MENDEZ, ROBERTO
17001 N.W. 54TH AVENUE
MIAMI FL 33055

TITLE NAME ☒ DELETE

VTD
MENDEZ, LETICIA
17001 N.W. 54TH AVENUE
MIAMI FL 33055

TITLE NAME ☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(x), 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

3/18/96

305-8199168

Date

Daytime Phone #

CR2E034 (12/95)