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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000067078 (2) DOCUMENT #
1. Corporation Name

MEGA MIAMI ENTERPRISE, INC.

					ii Maile Bales Bisto Jahle Anite Lang, este Lant.
Principal Place o	of Business	Mailing Address		<b>\</b>	
3360 NW 72 AVE MIAMI FL 33122		3360 NW 72 AVE MIAMI FL 33122			
				3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4 FEI Number APPLIED & VEAX	1/2/9/ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	
City & State		City & State		Trust Fund Contribution	S5.00 May Be Added to Fees
<b>23</b>   Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	□No
	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
3360 N	A, ALVARO J W 72 AVE FL <del>381</del> 22			KUBERT C. KI HESS (P.O. BOX Number is Not Acceptable)  II WE BRASKA F  JOLLY WOOD	
11. Pursuant to or registere familiar with	o the provisiona of Sections 607,05 of agent for both, in the State of Fic and accept the obligations of Se	02 and 607.1508, Florida Statu onda. Such change was author don 607.0515, Florida Statute	tes, the above-named corporation's books.	oration submits this statement for the pur ard of directors. I hereby accept the appr	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature: typed or printed name of registered ag-	out and title it anninable (N	O1E: Registered Agent signatur rec	rød when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	DE-MELLO, JEFFERSON	P	1.2 NAME		
STREET ADDRESS	3360 NW 72 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122	/	1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2. 1 TITLE		Change C Addition
NAME	garcia, Alvaro J		2.2 NAME		
STREET ADDRESS	10400-SW 108 AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	3 1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4. 1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		FD Chaose FD Addition
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		ł
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		OTIONS FILED Challes I feet at a
14. I do hereb	y certify that the information supplie	ed with this filing is voluntarily fu	rnished and does not qualify	y for the exemption stated in Section 119	.07(3)(K), Florida St∃tutes. Hurther same legal effect as if made under

certify that the information indicated coath; that I am an officer or director of appears in Block 12 or Block 18 if of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

NG OFFICER OR DIRECTOR