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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004639

1. Corporation Name

MANUEL ARTHUR MESA, P.A.

Principal Place of Business

1000 BRICKELL AVE
SUITE 000
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE
SUITE 000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0657924

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 37th Floor NationsBank Tower

Suite, Apt. #, etc.

22 100 S.E. 2nd Street

City & State

23 Miami, FL

24 Zip 33131

Country

25 USA

2a. Mailing Address

26 37th Floor NationsBank Tower

Suite, Apt. #, etc.

27 100 S.E. 2nd Street

City & State

28 Miami, FL

29 Zip 33131

Country

30 USA

9. Name and Address of Current Registered Agent

MESA, MANUEL A ESQ
1000 BRICKELL AVE
STE 000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MANUEL A. MESA

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

37th Floor NationsBank Tower

83

100 S.E. 2nd Street

84 City

Miami

FL

85 Zip Code

33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MESA, MANUEL A ESQ
STREET ADDRESS 1000 BRICKELL AVE STE 000
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME MANUEL A. MESA, ESQ.
1.3 STREET ADDRESS 37th Floor NationsBank Tower
1.4 CITY-ST-ZIP 100 S.E. 2nd Street Miami, FL.

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (305) 863-1000

CR2E034 (11/98)