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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000059113**

MEGA OF MIAMI CORP.

Principal Place of Business

Mailing Address

FILED

99 SEP 16 PM 3: 20



12615 SW 91 1 MIAMI FL 3318		12615 SW 91 ST., STE. 208 MIAMI FL 33186			
i					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					07/12/1996
2, Principal F	Sace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			65-0693760 Not Applicable
Soite, Apt	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27	••		5. Certificate of Status Desired Fee Required
City & Stat	e:	City & State		*****	Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Z(p	Country	,	This corporation owes the current year Intangible
24	25	29 30	Ĺ.,		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
BRO	UWER, IRAIDA		Ľ	Italie	
			82	Street Addr	dress (P.O. Box Number is Not Acceptable)
MIAI	WI FL 33186		83		
			03		
			84	City	85 Zip Code
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutae 1	ho above	named core	rporation submits this statement for the purpose of changing its registered
office or r	egistered agent or both, in the State	of Florida. Such change was autho	rized by	the corporation	ation's board of directors. I hereby accept the appointment as registered
1	m tamiliar with and accept the obligat	tions of, Section 607.0505, Florida	Statutes		al la e
SIGNATURE	Superfuse, typed or printed name of registered agen	Land title if annicable (NOTE Book	elocad Anac	d eiga atura require	ired when reinstating) DATE
12.	OFFICERS AN		13.	r aignature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Tree of	DP .	DELETE	1.1 TITLE		Change Addition
F, AME	MERINO C., VICTOR		1.2 NAME		
STREET AD HESS	12615 SW 91 ST., STE. 208		1.3 STREET	ADDRESS	
CCY-S1-26	MIAMI FL 33186		1.4 CITY- 5	r-zip	
TIT, F	DP	——————————————————————————————————————	2 1 TITLE		☐ Change ☐ Addition
NAME	GAMIO, CESAR		2.2 NAME		
STREET ADDRESS	12615 SW 91 ST. STE 208		2.3 STREET	ADDRESS	1000029968814
CHY-\$1-2H1	MIAMI FL 33186		2 4 CITY-S	T-ZIP	1000029368814 -03/24/9901088012 ****\$50.00 中 ***\$5 贝90 **
* 1LF	DS	☐ DELETE	3.1 TITLE		****550.00 [39***55[]] [49fion]
trans	GAMIO, NORMA D		3.2 NAME		
SHIGHTADURESS	12615 SW 91 ST., STE. 208		3 3 STREET	ADDRESS	-
C11Y-51-Z+1	MIAMI FL 33186		3.4. CITY-S	T-ZIP	
BID.F		DELETE	4.1 TITLE		☐ Change ☐ Addition
5450			4. 2 NAME		
STREET ADORESS			4.3 STREET	ADORESS	
C18-S1-Z90			4.4 CITY-\$1	- 21P	
TILE			5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET LADERESS			53 STREET		
CITY-ST ZIE	· - · · · - <u></u>	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST	-ZIP	
Tit,:		<u> </u>	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		, TS
STREET ADDINESS		l ·	6.3 STREET	ADDRESS	1 00
				- no j	

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 fustee 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:

(CESAL GAMIO)

9/1/9 9

305) 261-1949

CR2E034 (11/98)