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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000062296 (4)

| MENDI I  | NVESTMENTS, INC.                           |  | ` '                              |                           |   |  |
|--|--|--|----------------------------------|---------------------------|---|--|
| Principal Place<br>10060 S.W. 145<br>MIAMI FL 3317 | 10080 S.W. 1                               | Mailing Address<br>10080 S.W. 145TH TERRACE<br>MIAMI FL 33178-7097 |                                  |                           | T TOURISEN HAR KEKID ONLY DENKE BOKIN OBLIK BOKIN OBLIKO BINNO KIRIK KIDIT (BING BUK KEDI |  |
|  |  |  |                                  |                           |   | 3. Date Incorporated or Qualified Sa. Date of Last Report 07/25/1996   |
| 2. Principal Place of Business 2a, Mailin          |  |  | Mailing Address                  |                           |   | 4. FEI Number Applied For  |
| 21   |  | 26   |                                  |                           |   | 65-0682881 Not Applicable  |
| Suite, Apt. i                                      | #, etc.                                    | <b></b>  | Suite, Apt. #, etc.              |                           |   | 5. Certificate of Status Desired   |
| City & State                                       |  | City & Sta   | ate                              |                           |   |  |
| 23]  | ,  | 28   |                                  |                           |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees  |
| Zip  | Country Zip                                |  | Country                          |                           | 8. This corporation has liability for intangible tax under s. 199.032,                    |  |
| 24   | 25   | 29   |                                  | 30                        |   | Florida Statutes Yes X No  |
| ****   | 9. Name and Address of Curre               | nt Registered Age  | nt                               |                           |   | 10. Name and Address of New Registered Agent   |
|  | IDIZABAL, NICOLAS                          |  |                                  | 81                        | Name  | •  |
|  | 80 S.W. 145TH TERRACE                      |  |                                  | 82                        | Street  | Address (P.O. Box Number is Not Acceptable)  |
| MIAJ   | MI FL 33176                                |  |                                  | 83                        | ļ   |  |
|  |  |  |                                  |                           |   |  |
|  |  |  |                                  | 84                        | City  | FL 85 Zip Code   |
| off-de-or-re<br>agent Lar<br>SIGNATURE             | X Mucha                                    | er and title if applicable.  | •                                |                           |   | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered  4.5.97  required when reinstaling)  DATE   |
| 12.  | OFFICERS AN                                | ID DIRECTORS   | ·                                | 13.                       |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TiT;E  | P  | 13/  | DELETE                           | 1.1 TITLE                 |   | P K Change Addition  |
| NAME   | MENDIZABAL, NICOLAS                        |  |                                  | 1.2 NAME                  |   | SANDRA MENDIZABAL  |
| STREET ADDRESS                                     | 10060 S.W. 145TH TERRACE<br>MIAMI FL 33176 |  |                                  | 1                         | ADDRESS   | 10060 S.W. 145TH TERRACE   |
| CITY - ST - 2IF<br>TITLE                           | VST  | ,  | DELETE                           | 1.4 City - 5<br>2.1 Title | ST-ZIP  | MIAMI, FL. 33176   |
| NAME   | MENDIZABAL, SANDRA                         |  | , pec. 10                        | 2.2 NAME                  |   | Local Contract of the Contract |
| STREET ADDRESS                                     | 10060 S.W. 145TH TERRACE                   |  |                                  | 2 3 STREET                | ADDAESS .   |  |
| CIFY-S1-7#   | MIAMI FL 33176                             |  | 2. 4 CITY-ST-ZIP                 |                           |   |  |
| TUTLE  | DELETE                                     |  | 3.1 TITLE                        |                           | Change Addition   |  |
| NAME   |  |  |                                  | 3.2 NAME                  |   |  |
| STEEL ADORESS                                      |  |  |                                  |                           | ADDRESS   |  |
| C TY-ST-ZIP  |  | ····   | TDELETE                          | 3.4. CITY-                | ST-ZIP  | Change Addition  |
| TITLE<br>NAME                                      |  | L.,  | 1 fyrre ig                       | 4.1 TITLE<br>4.2 NAME     |   | Cusaige ( Madituli   |
| NAME<br>STREET ADDRESS                             |  |  |                                  |                           | ADDRESS   |  |
| COY-S1-2IP   |  |  |                                  | 4.4 CITY - 5              |   |  |
| TI'LE  |  |  | DELETE                           | 5 1 TITLE                 |   | ☐ Change ☐ Addition  |
| NAME:  |  |  |                                  | 5.2 NAME                  |   | (  |
| STREET ADDRESS                                     |  |  |                                  | 5.3 STREE                 | ADORESS   |  |
| CITY-SI-ZIP  |  |  | T                                | 5.4 C/TY - :              | ST-ZIP  |  |
| 1:1LF  |  | Ĺ  | ] DELETE                         | 61 TITLE                  |   | Change Addition  |
| NAME   |  |  | •                                | 6.2 NAME                  |   |  |
| STREET ACORESS                                     |  |  |                                  |                           | r address   |  |
| C/TY+S1-7/P<br>14. Ldo hereb                       | ov certify that the information supplie    | ed with this bling do  | es not qualify                   | 6.4 CITY-:                |   | I<br>stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  |
| information<br>Lam an of                           | n indicated on this annual report or       | supplemental annu<br>ir the receiver or tru                        | al report is tru<br>istee empowe | ue and acc<br>ered to exe | urate and   | I that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name   |

SIGNATURE: X M Sew 301

OFFICER OR DIRECTOR

Mandizacut 15-97

aytime Phone # -

**FILED** 

Apr 23 1997 8:00am

Secretary of State

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