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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

SIGNATURE

DOCUMENT # MENDI INVESTMENTS, INC. P96000062296 (4)

Principal Place of Business

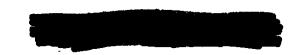
Mailing Address

4350 N BAY ROAD 33140 MIAMI BEACH FL

709 N.W. 42ND AVENUE 33126

May 13, 1999 8:00 am Secretary of State

05-13-1999 90005 010 ***150.00



MIAMI BEACH FL. 33140 MIAMI, FL. 33126					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
					07/25/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	N BAY ROAD	26 709 N.W. 4	42ND AVE	NUE	65-0682881	No	t Applicable
	#, etc.—	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22 27						Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	•
	I BEACH, FLORIDA	28 MIAMI FLOR			Trust Fund Contribution	Added to	o Fees
Zip Country Zip Country					8. This corporation owes the current y		J") Na
24 .33140 25 DADE 29 33126 30				DADE Personal Property Tax. ☐ Yes X☐ No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
MENDIZABAL, NICOLAS SAI					NDRA MENDIZABAL		
10060 C M 145 THE TREE TO BE Street Add					s (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33176				435	50 N BAY ROAD		
111	IAMI, IL 35()	o	"				
			84 City	MTZ	MT	85 Zip C	Code
44-5	40 0 000	10074500 51 11 01 14		MIA			140
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	M mida	<i>f</i>			4/2	-6/77	
12.	Signature, typed or printed name of registered agent a OFFICSRS AND		egistered Agent signatu 13.	re required wi	ADDITIONS/CHANGES TO OFFICE	ATE AND DIRECTO	DC IN 12
TITLE	PVSTD	DELETE DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME			12 NAME			Gildings	
OMINDAN HENDELADNE			1.3 STREET ADDRES				
4550 N DAI KOAD			1	23			-
CITY-ST-ZIP TITLE	MIAMI BEACH FL 3	3 1 4 0	1.4 CITY-ST-ZIP 2.1 TITLE	 		Change	Addition
NAME	•		22 NAME				
STREET ADDRESS			2.3 STREET ADDRES	:			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	~			
TITLE		☐ DELETE	3.1 TITLE	1		Change	Addition
NAME	e.		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRES	20			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	~			
TITLE		DELETE	4.1 TITLE	1		Change	☐ Addition
NAME		•	4 2 NAME			_ ,	_
STREET ADDRESS		•	4.3 STREET ADORES	s			
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE			Change	Addition
NACE		•	52 NAME			*	_
STREET ADDRESS			5.3 STREET ADDRES	s			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME		-	62 NAME				_
STREET ADDRESS			63 STREET ADDRES	s			
CITY-ST-ZIP		,	6.4 CITY-ST-ZIP]			
14. I hereby ce	ertify that the information supplied with t	his filing does not qualify for th	e exemption stat	ed in Sect	tion 119.07(3)(i), Florida Statutes. I furth	er certify that the inf	formation
indicated o	in this annual report or supplemental ar	inual report is true and accurat	le and that my sig	nature sh	all have the same legal effect as if made by Chapter 607, Florida Statutes; and t	e under oath; that I a	am an
Block 12 o	r Block 13 if changed, or on an attacher	ent with an address, with all of	ther like empower	ed.	1	my nome appea	

NG OFFICER OR DIRECTOR