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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

1. Corporation Name P96000074903 (1)

ME C DEALTY & ACCOMMEND INC

FILED Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

MLS n	EALTT & MOOUCIATES, IN	lO.		A MODERAGE RICH FORM CRIER CONTROL CON	(8.6))
Principal Place	e of Business	Mailing Address			
		6447 MIAMI LAKES DRI SUITE 211	VE		
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014			}	DO NOT WRITE IN THI	S SPACE
l				3. Date Incorporated or Qualified	
				09/09/1996	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 65-0696637	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		8, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
ОТ	RUBA, RICHARD S ESQUIRE		81 Name	aron del Valle	
	47 MIAMI LAKES DRIVE			ess (P.O. Box Number is Not Acceptable)	
1	IITE 211			645 Fitzpatrick Road	
	AMI LAKES FL 33014		83		
		/	84 City M1	ami Lakes F	L 85 Zip Code 33014
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept his ubligations of, Section 607.0505, Florida Statutes					
office or r	egistered agent, or both, in the State	e of Florida, Such change was	authorized by the corporati	on's board of directors. I hereby accept the a	ppointment as registered
l /	Wille All Me		on del Valle, P		12, 1998
SIGNATURE	Sgnature, typed or printed name of registered as		TE: Registered Agent signature require	resident march ad when reinstelloo) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	DEL VALLE, SHARON		1.2 NAME		
STREET ADDRESS	6447 MIAMI LAKES DRIVE,	SUITE 211	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		 · · -	5.2 NAME		• —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTTAL THOUSAND			0.0 0 11 122 11 122 11 122		

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 attraction with an address.

SIGNATURE:

Charon del Valle, President

March 12, 1998

(305)823-9900