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TALLAHASSEE, FLORIDA

PROFIT CORPORATION ~~ANNUAL REPORT~~ RETIREMENT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102870 (8)

1. Corporation Name
THE MENGAR GROUP, INC.

Principal Place of Business	Mailing Address
6855 W. 4TH AVE. HIALEAH FL 33014	6855 W. 4TH AVE. HIALEAH FL 33014-5337

$10/28

3. Date Incorporated or Qualified: 12/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21 3686 WEST 12TH AVENUE
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FLORIDA
24 Zip: 33012 25 Country: DADE

2a. Mailing Address
26 3686 WEST 12TH AVENUE
27 Suite, Apt. #, etc.
28 City & State: HIALEAH, FLORIDA
29 Zip: 33012 30 Country: DADE

4. FEI Number: 65-0785830 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GARCIA, ELOY JR.
6855 W. 4TH AVE.
HIALEAH FL 33014

10. Name and Address of New Registered Agent
81 Name: GARCIA, ELOY JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83 9910 S.W. 147 STREET
84 City: MIAMI, FLORIDA FL 85 Zip Code: 33176

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: Eloy Garcia
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDIZABAL, NICOLAS O JR. 10060 SW 145 TER. MIAMI FL 33176 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002332639-- 1 -10/29/97--01077--021 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSTV GARCIA, ELOY JR. 6855 W. 4TH AVE. HIALEAH FL 33014 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition DSTV GARCIA, ELOY JR. 9910 S.W. 147 STREET MIAMI, FL. 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002332639-- 1 -10/29/97--01077--022 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X [illegible] NICOLAS MENDIZABAL. President 10-10-97 305-822-4472