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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P- 97000019466

1. Corporation Name

MENSAK CORPORATION

Principal Place of Business / Mailing Address

MENSAK CORPORATION
c/o Catharina Inn
300 North Birch Road
Ft. Lauderdale, Florida 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: March 3, 1997

2. Principal Place of Business
21 Same
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 300 North Birch Road
27 St. or, Apt. #, etc.
28 City & State: Ft. Lauderdale, Fl.
29 Zip: 33304
30 Country: Broward

4. FEI Number: 65-0745909 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Ralph Mensak
300 North Birch Road
Ft. Lauderdale, Florida 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	Ralph Mensak		1.2 NAME	RALF MENSAK	
STREET ADDRESS	300 N. BIRCH ROAD		1.3 STREET ADDRESS	300 N. BIRCH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
TITLE	ST/D	☐ DELETE	2.1 TITLE	ST/D	☐ Change ☐ Addition
NAME	Ana Paula Mensak		2.2 NAME	ANA PAULA MENSAK	
STREET ADDRESS	300 N. BIRCH ROAD		2.3 STREET ADDRESS	300 N. BIRCH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 attachment with an address.

SIGNATURE: _____ 04/24/98 (954) 7604211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #