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FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000032807 (4)**

1. Corporation Name

MUNCHEESE MANAGEMENT CORP.



Principal Place of Business

Mailing Address

**1450 N.W. 21ST STREET
MIAMI FL 33142**

**1450 N.W. 21ST STREET
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3015 GRAND AVE**

26 **3015 GRAND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#121**

27 **#121**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33133**

25

29 **33133**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0744056

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

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

MARCOS C. MORENO - BO

82 Street Address (P.O. Box Number is Not Acceptable)

1450 N.W. 21ST STREET

83

84 City

MIAMI

FL

85 Zip Code

33142

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

Signature, typed or printed name of 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 **PD** ☐ DELETE

NAME **PERCOVICH, JORGE**
STREET ADDRESS **1450 N.W. 21ST STREET**
CITY-ST-ZIP **MIAMI FL 33142**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE

NAME **MORENO-BO, MARCOS C**
STREET ADDRESS **1450 N.W. 21ST STREET**
CITY-ST-ZIP **MIAMI FL 33142**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **BASSO, REYNALDO**
STREET ADDRESS **1450 N.W. 21ST STREET**
CITY-ST-ZIP **MIAMI FL 33142**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **VSD** ☒ DELETE

NAME **PIGOZZO, MARCO**
STREET ADDRESS **1450 N.W. 21ST STREET**
CITY-ST-ZIP **MIAMI FL 33142**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 in an attachment with an address

SIGNATURE:

MOMB

2/28/98

CR2E034 (10/97)