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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000050130 (8)

MENDEX TRADING, CORP.

Principal Place of Business Mailing Address 9360 S.W. 16TH STREET

Apr 23 1998 8:00am Secretary of State



9360 S.W. 16TH STREET MIAMI FL 33165 **MIAMI FL 33165** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/ 1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zipi $Z_{(D)}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. PYes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENENDEZ, ANTONIO M 9360 S.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 85 Zip Code 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. Floreby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE HILF 1.1 TIFLE Addition NAME MENENDEZ, ANTONIO 1.2 NAME STREET ADDRESS 9360 S.W. 16TH STREET 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-SI-ZIP 1.4 CITY-ST-7/P OFLETE TITLE 2.1 TITLE Change ■ Addition MENENDEZ, MARIA E NAME 2.2 NAME STREET ADDRESS 9360 S.W. 16TH STREET 2.3 STREET ADDRESS **MIAMI FL 33165** CITY - ST - ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELFTE TIFLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5 4 CITY ST-7IP THILE DELETE 6 1 TITLE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 City - St - ZiP

14. Thereby cerely 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 suppliemental 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 continuous or of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

305-5529619