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

29

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000090402 (3)

MEJOR, INCORPORATED

Zip

24

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Principal Place of Business	Mailing Address	1881   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841   1841			
40 EDGEWATER DR. #221 CORAL GABLES FL 33133	90 EDGEWATER DR. #221 CORAL GABLES FL 33133	DO NOT WRITE IN THIS SPACE			
		Date Incorporated or Qualified     10/21/1997			
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0790067	Applied Fo		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		

FERDIE, AINSLEE R 717 PONCE DE LEON BLVD., STE. 215 **CORAL GABLES FL 33134** 

Country

9. Name and Address of Current Registered Agent

25

	Personal Property Tax due June 30. L Yes L No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

8. This corporation owes or has paid the current year Intangible

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Applied For Not Applicable

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.

Country

SIGNATURE							
	Signature, typed or printed name of registered agont and title if app		Registered Agent signature r				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change	Addition	
NAME	GARCIA, NERIO G		1.2 NAME				
STREET ADDRESS	90 EDGEWATER DR., #221		1.3 STREET ADDRESS		_	[	
CITY-ST-ZIP	CORAL GABLES FL 33133		1.4 CITY-ST-ZIP		/_		
TITLE	D	<b>₩</b> DELETE	21 TITLE	D	Change Change	✓ Addition	
NAME	Sanchez de Garcia, judith		2.2 NAME	GARCIA, HEDY			
STREET ADDRESS	90 EDGEWATER DR., #221		2.3 STREET ADDRESS	90 Edgewater DR. #22	21		
CITY-ST-ZIP	CORAL GABLES FL 33133		2.4 CITY+ST-ZIP	Coral Gables, Fl. 33	3133		
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			1	
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			Ì	
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			ĺ	
STREET ADDRESS			6.3 STREET ADDRESS				
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14. Thereby 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 armual 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 trustrue 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:

Nerio G. Garcia

April 15,1998