

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90017 002 \*\*\*150.00

DOCUMENT # P97000097952

1. Corporation Name  
MECA, INC.

Principal Place of Business

1883 NW 7 STREET #4  
MIAMI FL 33125

Mailing Address

1883 NW 7 STREET #4  
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0795350

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9440 NW 13 St.#59

Suite, Apt. #, etc.

22 City & State

23 Miami, Fla.

Zip Country

24 33172 25

2a. Mailing Address

26 85 Grand Canal Dr.

Suite, Apt. #, etc.

27 305

City & State

28 Miami, FL.

Zip Country

29 33144 30

9. Name and Address of Current Registered Agent

CABRERA, EDUARDO

8893 FONTAINEBLEAU BLVD #302

MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

870 NW 87 Ave.

83

Apt. 304

84 City

Miami

FL

85 Zip Code

33172

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

4-26-1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CABRERA, EDUARDO

STREET ADDRESS 8893 FONTAINEBLEAU BLVD #302

CITY-ST-ZIP MIAMI FL 33172

TITLE SD ☐ DELETE

NAME CABRERA, CELIA

STREET ADDRESS 8893 FONTAINEBLEAU BLVD #302

CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
OF ADDRESS

1.2 NAME

1.3 STREET ADDRESS 870 NW 87 Ave. #304

1.4 CITY-ST-ZIP MIAMI, FL. 33172

2.1 TITLE ☒ Change ☐ Addition  
OF ADDRESS

2.2 NAME

2.3 STREET ADDRESS 870 NW 87 Ave. #304

2.4 CITY-ST-ZIP MIAMI, FL. 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-4-99

305-594-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0180039

CR2E034 (11/98)