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

DOCUMENT # P98000002385 1. Corporation Name

MUNCH-EDELSTAHL, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90045 007 ***150.00



Principal Place of Business	Mailing Address		-	Titl Bhist asis and a side	
1470 NW 107 AVE 1470 NW 107 AVE STE H STE H MIAMI FL 33172-2734 MIAMI FL 33172-2734			DO NOT WR	ITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	,	
			01/09/1998		Annibad Car
2. Principal Place of Business	2a. Mailing Address 26 9556 DORF	11 8/1/0	4. FEI Number 65-08313	66	Applied For Not Applicable
21 4556 DORAL BLVD Suite, Apt. #, etc.	26 9556 DOI4 Suite, Apt. #, etc.	TO DEVO		\$8.7	75 Additional
22	27		5. Certificate of Status Desired	1 1	e Required
City & State	City & State		6. Election Campaign Financing		.00 May Be
23 MIAMI FL	28 MIAMI F	<u></u>	Trust Fund Contribution	Add	ded to Fees
Zip Country	Zip	Country USA	8. This corporation owes the cur	τent year Intangible □ Yes	≱ lNo
24 33178 - 2912 25 USA	29 33 \ 78 · 29 2 30	V3H	Personal Property Tax. 10. Name and Address of New		
81 Name 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
YULEE, ROBERTO		Jose	D. ENRIQUE ess (P.O. Box Number is Not Accept		
1470 NW 107 AVE		1039	S SW_ 287H		
STE H_		83			
MIAMI FL 33172-2734		84 City		85	Zip Code
		MIAN	11	FL "] :	33165
11. Pursuant to the provisions of factions 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. Florida Statutes 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, types optimited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRE	CTORS IN 12
TITLE PSTD	☐ DELETE	1.1 TITLE		☐ Cha	ange
NAME CHEING, JORDANA		1.2 NAME			
STREET ADDRESS 10050 NW 44TH TERRACE, STE	105	1.3 STREET ADDRESS			J i
CITY-ST-ZIP MIAMI FL 33178-3330		1.4 CITY-ST-ZIP		- Cha	ange
TITLE	☐ DELETE	2.1 TITLE		· Cha	litige [] Addison
NAME		2.2 NAME			
STREET ADDRESS	- v- v-	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		* * * * * *	•
CITY-ST-ZIP	☐ DELETE	3.1 TITLE		Cha	ange Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			}
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE ·	☐ DELETE	4.1 TITLE			ange Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		☐ Cha	ange Addition
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME			mgo El riocitori
NAME		5.3 STREET ADDRESS			
STREET ADDRESS	,	5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		6.1 TITLE		☐ Cha	ange Addition
NAME	_	6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY, ST. 7ID		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: