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 # Pq8000025523

1. Corporation Name

MESA i, PEREIRA, P.A.

Principal Place of Business

255 UNIVERSITY DR.
CORAL GABLES, FLORIDA 33134

Mailing Address

255 UNIVERSITY DRIVE
CORAL GABLES, FLORIDA 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed — MARCH 1998 (original)
JANUARY 1999 (Amended)

4. FEI Number — 65-0820553

	Applied For	
	Not Applicable	

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

	2. Principal Place of Business		2a. Mailing Address	
21	255 UNIVERSITY DRIVE	26	255 UNIVERSITY DRIVE	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27		
	City & State		City & State	
23	CORAL GABLES, FLORIDA	28	CORAL GABLES, FLORIDA	
	Zip	Country	Zip	Country
24	33134	25 USA	29 33134	30 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARLOS A. MESA
255 UNIVERSITY DRIVE
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 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. 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 PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME CARLOS A. MESA	1.2 NAME	
STREET ADDRESS 255 UNIVERSITY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FLORIDA 33134	1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME JORGE L. PEREIRA	2.2 NAME	
STREET ADDRESS 255 UNIVERSITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FLORIDA 33134	2.4 CITY-ST-ZIP	
TITLE SECRETARY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME CARLOS A. MESA	3.2 NAME	
STREET ADDRESS 255 UNIVERSITY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FLORIDA 33134	3.4 CITY-ST-ZIP	
TITLE TREASURER ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME JORGE L. PEREIRA	4.2 NAME	
STREET ADDRESS 255 UNIVERSITY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FLORIDA 33134	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
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	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4/27/99   Daytime Phone # (305) 569-3005

CR2E034 (11/98)