Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90167 019 ***158.75

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

| 1. Corporation | | 004039 | 6 | | | | | | | |
|---|---|-------------------|---|-----------------------|------------------------------|--|---|--|------------------------------|--|
| IVIANICO | INDUSTRIES, INC. | | | | | | | | | |
| Principal Place | e of Business | Mailing Add | ress | | | 1 100 | *************************************** | | | |
| 4760 NW 128TH MIAMI FL 33054 | H STREET ROAD 4 | | 4760 NW 128TH STREET ROAD MIAMI FL 33054 | | | - | DO NOT WRITE | E IN THIS SPACE | | |
| | | | | | | 3. Date Incorpo 05/01/199 | rated or Qualifed | | | |
| 2. Principal P | lace of Business | 2a. Mailing | 2a. Mailing Address | | | 4. FEI Number | 002201 | ua 📙 | Applied For | |
| 21 | | 26 | · · · · · · · · · · · · · · · · · · · | | | 65- | 083306 | 11/ | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, A | Suite, Apt. #, etc. | | | 5. Certifcate of | Status Desired | M | 5 Additional | |
| 22 | | 27 | <u></u> | | | 7 | ree Required | | | |
| City & Stat | re | City & S | City & State | | | 1 | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May.Be Added to Fees | | | |
| Zip | | | | Country | untry 8. This corporation ov | | ion owes the currer | · | _/ | |
| 24 | 25 29 30 | | |) | | Personal Pro | <u> </u> | ☐ Yes | ₩o | |
| Name and Address of Current Registered Agent | | | | | - ::: | 10. Name and A | ddress of New Re | egistered Agent | | |
| noc | EC MICHAEL | | | 81 | Name | | | 4 | | |
| Poses, Michael 8200 West Sunrise BLVD Suite D2 | | | 82 | Street A | Address (P.O. Box Numi | per is Not Acceptab | ole) | | | |
| PLANTATION FL 33322 | | | | 83 | | | | | | |
| | | | | | | | 72-1 - | | | |
| | | | | 84 | City | | | FL 85 Z | ip Code | |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida Such o | thanne was auth | onzed by | the corpo | corporation submits this pration's board of directo | statement for the pers. I hereby accept | urpose of changing the appointment as | its registered registered | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered ag | | (NOTE: Re | | it signature re | equired when reinstating) | HANGES TO OFFI | DATE | TOPS IN 12 | |
| 12. | | ND DIRECTORS | DELETE | 13. | | ADDITIONS/C | HANGES TO OFFI | ☐ Chan | | |
| TITLE | D MENTANDEZ MANUEL E | ı | □ here⊥e | 1.1 TITLE | | | | | go | |
| NAME | MENENDEZ, MANUEL E | • • | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33054 | | 7.001.075 | 1.4 CITY- S | T-ZIP | | | ☐ Chan | ge Addition | |
| TITLE | D | ı | DELETE | 2.1 TITLE | | | | Onlong | go | |
| NAME | MENENDEZ, CARMEN M | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 4760 NW 128TH STREET ROA | ער | | 2.3 STREET | | , | | | | |
| CITY-ST-ZIP | MIAMI FL 33054 | | 7 DELETE | 2.4 CITY-S | T-ZIP | | | Chan | ge Addition | |
| TITLE | | ι | DELETE | 3.1 TITLE | | | | □ jouani | ge | |
| NAME | | | | 3.2 NAME | | - | | - • | | |
| STREET ADDRESS | | | | 3.3 STREET | 1 | | | | | |
| CITY-ST-ZIP | | | T DELETE | 3.4. CITY-S | T-ZIP | | | ☐ Chan | ge | |
| TITLE | | ı | T OFFE IF | 4.1 TITLE | | | | ر_ نامان | 5- 5-3, 144.0011 | |
| NAME | | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREET | - 1 | | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY-S | T-ZIP | | | Chan | ge | |
| TITLE | | ı | nere le | 5.1 TITLE 5.2 NAME | İ | | • | Chan | g | |
| NAME | | | | 5.3 STREET | AUDDESS | | | | | |
| STREET ADDRESS | | | | J.J. JINCE | AUARESS | | | | | |

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition