

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90270 034 ***150.00

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1. Corporation Name

ANA M. MENDANA, C.P.A., P.A.

Principal Place of Business

14952 S.W. 75TH TERRACE
MIAMI FL 33193

Mailing Address

14952 S.W. 75TH TERRACE
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0836226

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 7844 SW 163rd Place

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 33193 25 USA

2a. Mailing Address

26 7844 SW 163rd Place

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 33193 30 USA

9. Name and Address of Current Registered Agent

MENDANA, ANA M
14952 S.W. 75TH TERRACE
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name Manuel Fernandez

82 Street Address (P.O. Box Number is Not Acceptable)
14141 SW 38 Terr.

83

84 City Miami

FL

85 Zip Code 33175

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 Manuel Fernandez

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

4/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MENDANA, ANA M
STREET ADDRESS 14952 S.W. 75TH TERRACE
CITY-STATE-ZIP MIAMI FL 33193

TITLE S ☒ DELETE

NAME MENDANA, JOSE
STREET ADDRESS 14952 S.W. 75TH TERRACE
CITY-STATE-ZIP MIAMI FL 33193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 7844 SW 163rd Place
1.4 CITY-STATE-ZIP Miami, FL 33193

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Ana M. Mendana 4/16/99 (305) 473-9843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)