

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90110 004 ***150.00

DOCUMENT # P98000044233

1. Corporation Name
MEJI INC.



Principal Place of Business
**8910 MIRAMAR PARKWAY
STE.212
MIRAMAR FL 33025**

Mailing Address
**8910 MIRAMAR PARKWAY
STE.212
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0841201

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

9. Name and Address of Current Registered Agent

**GAFARU, SOLA
8910 MIRAMAR PARKWAY
STE.212
MIRAMAR FL 33025**

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

☒ DELETE

TITLE
D
NAME
AKANBI, JIDE C
STREET ADDRESS
7221 GRANDVIEW BLVD.
CITY-ST-ZIP
MIRAMAR FL 33023

TITLE
D
NAME
TAYLOR, RAUFU
STREET ADDRESS
P.O. BOX 680014
CITY-ST-ZIP
MIAMI FL 33168

TITLE
D
NAME
GAFARU SOLA
STREET ADDRESS
8910 MIRAMAR PKWAY, #212
CITY-ST-ZIP
MIRAMAR, FL 33025

TITLE
D
NAME
GAFARU SOLA
STREET ADDRESS
8910 MIRAMAR PKWAY, #212
CITY-ST-ZIP
MIRAMAR, FL 33025

TITLE
D
NAME
GAFARU SOLA
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8910 MIRAMAR PKWAY, #212
CITY-ST-ZIP
MIRAMAR, FL 33025

TITLE
D
NAME
GAFARU SOLA
STREET ADDRESS
8910 MIRAMAR PKWAY, #212
CITY-ST-ZIP
MIRAMAR, FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

4/12/99 954-431-2211

Date

Daytime Phone #

CR2E034 (1/98)