

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

2601/2002

FILED

02 JUN 28 AM 11:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000062026  
 1. Entity Name  
MENADA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5101 Collins Ave  
 Suite, Apt. #, etc.  
 City & State  
MIAMI BEACH, FL  
 Zip  
33140 Country  
USA

3. Mailing Address  
 Suite, Apt. # etc.  
SAME  
 City & State  
 Zip Country

4. FEI Number  
69-0850241  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
 Name  
LOUIS ZAREWY  
 Street Address (P.O. Box Number is Not Acceptable)  
555 NE 15th STREET  
SUITE 100  
 City  
MIAMI FL Zip Code  
33132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE B. Meruelo - B. Meruelo DATE 4/15/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD MERUELO, HOMERO F 5101 Collins Ave MIAMI BEACH, FL 33140</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD MERUELO, HOMERO F 5101 Collins Ave MIAMI BEACH, FL 33140</del> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MERUELO, BELINDA 5101 Collins Ave MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300006264053--4 -07/08/02--01096--013 ****150.00 ****150.00
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13. 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 report or supplemental 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 11 or on an attachment with an address, with another like empowered.

SIGNATURE: B. Meruelo DATE 4/15/02 DAYTIME PHONE # (305) 865-1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)