

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**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90005 028 \*\*\*550.00

DOCUMENT # **P98000077281**

1. Corporation Name

**MAGDALENA MENDEZ, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2650 N.E. 52ND STREET LIGHTHOUSE POINT FL 33064-7052		Mailing Address 2650 N.E. 52ND STREET LIGHTHOUSE POINT FL 33064-7052	
2. Principal Place of Business 21 12030 N.W. 13TH ST Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.	
22 City & State 23 Pembroke Pines FL 24 33026 25		27 City & State 28 29 Zip Country 30	
3. Date Incorporated or Qualified 08/31/1998		4. FEI Number 65-0858951	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAMS, STEPHEN G 2650 N.E. 52ND STREET LIGHTHOUSE POINT FL 33064-7052		10. Name and Address of New Registered Agent 81 Name Mendez, Magdalena 82 Street Address (P.O. Box Number is Not Acceptable) 12030 N.W. 13TH Street 83 84 City Pembroke Pines FL 85 Zip Code 33026	
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 of 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 <i>Magdalena Mendez</i> 5/17/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D NAME MENDEZ, MAGDALENA STREET ADDRESS 12030 N.W. 13TH STREET CITY-ST-ZIP PEMBROKE PINES FL 33064		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Pembroke Pines, FL 33026	
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

Daytime Phone #

CR2E034 (11/98)