Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 024 \*\*\*150.00

## 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

## DOCUMENT # P98000081715

1. Corporation Name

MEG BAGS CORP.

							4 <b>38 (8</b> 5 1818) (1811 (888	3    <b>3    1   3    1</b>    3    4    4    4    4    4    4
Principal Place of Business Mailing Address						- 1 10E(1005 114 FB18) 1851 801(1 05)1 801(1 5010 51)0 110(1 1005) 110(1 1000)		
444 BRICKELL	AVENUE	444 BRICKELL AVENUE		•		Į.		
SUITE 51-157 SUITE 51-157						DO NOT WRITE IN	THIS SOACE	
MIAMI FL 33131 MIAMI FL 33131						3. Date Incorporated or Qualifed	THIS SPACE	
	`.					= · · · · · ·		
		1 a 14.11 a 14.				09/18/1998 4. FEI Number		oplied For
	Place of Business	2a. Mailing Address	106	TŦ	2	65-0877213	<u> </u>	·
21 — -		20]			<del>~</del> = -	63 - 61 - 12 - 1	\$8.75	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			•	5. Certifcate of Status Desired		Additional equired
22		City & State			<del></del>			<del>-</del>
City & Sta	1 <b>e</b> ·	<b>□ 3.4.3.4.</b>				6. Election Campaign Financing		May Be to Fees
23	Country	Zip		ountry		Trust Fund Contribution		IO FEES
Zip	Country		_	Junuy	S. A.	8. This corporation owes the current ye	ear intangible Yes	Mo
24	25		30	<del></del>		Personal Property Tax.  10. Name and Address of New Regis		
	9. Name and Address of Currer	nt Registered Agent	~	81	Name .		tered Agent	
MINONES, GLENN						NONES GLENN		
•				82		Street Address (P.O. Box Number is Not Acceptable)		
444 BRICKELL AVENUE SUITE 51-157				1=1	9707	SW 106 TER	<del></del>	
	MI FL 33131			83				
MIA	MI FL 33131			84	City	A	85 Zip	Code
	_				MI	AMI	<u> </u>	
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the	above-	named corpo	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as re	registered enistered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	atutes.	ne corporation	in a board of directors. Thereby decopt the	аррожине со	.9.0.0.00
SIGNATURE								
	Signature, typed or printed name of registered age	<u> </u>			signature required		ATE	
12.	<del></del>	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1,1	TITLE			☐ Change	Addition
NAME	MINONES SAHORES, JORGE	OSVALDO .	1.2	NAME				
STREET ADDRESS	2896 VICENTE LOPEZ		1.3	STREET	ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA		1.4	CITY-ST-	ZIP		······································	
TITLE	D .	☐ DELETE	2.1	TITLE			☐ Change	Addition
NAME	GARCIA DE MINONES, MARIA	CECILIA	2.2	NAME			•	
STREET ADDRESS	ACCO LACENTE LODEZ	-	2.3	STREET A	ADDRESS	age to the first the same of		A 1.5
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	~ ~	2.4	CITY-ST	-ZIP			
TITLE		☐ DELETE		TITLE	1		☐ Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			33	STREET	ADDRESS			
	1		4	CITY-ST			•	
CITY-ST-ZIP TITLE	<del>                                     </del>	DELETE		TITLE			Change	☐ Addition
	· ·			NAME				_
NAME					ADDRESS		•	
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	_	CITY-ST-	ZIP		Change	☐ Addition
TILE		☐ DELETE	5.1	HILLE	1			L1
	· ·		6.0	NAME				

14. I hereby certify that the information surfalied 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpora Block 12 or Block 13 if changed

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REQUEEN ED NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED OR PR

☐ DELETE

Change

☐ Addition