

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90086 049 ***158.75

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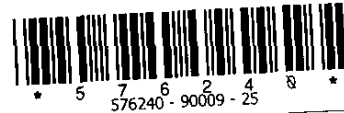
PROFIT
 CORPORATE
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000085182
 Corporation Name

MENRE CORP



Principal Place of Business
 6819 NW 84th AVE.
 MIAMI FL 33166

Mailing Address
 6819 NW 84th AVE.
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0869071		Applied For Not Applicable	
1a. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
1b. City & State		2c. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
1c. Zip		2d. Zip		7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No			
1d. Country		2e. Country		8. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICARDO PETTINATO 2445 SW 18th STREET MIAMI FL 33145				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			
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				DATE			
Signature, typed or printed name of registered agent and 8049 applicable.				(NOTE: Registered Agent signature required when reappointing)			
4-28-99							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ Change ☐ Addition	
TITLE	JUAN CARLOS MENENDEZ	1.1 TITLE	
NAME	6819 NW 84th AVE.	1.2 NAME	
STREET ADDRESS	MIAMI FL 33166	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	DIRECTOR
NAME		2.2 NAME	RICARDO PETTINATO
STREET ADDRESS		2.3 STREET ADDRESS	2445 SW 18th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE	VICE-P.	3.1 TITLE	
NAME	ONOFRIO RESTUCCIA	3.2 NAME	
STREET ADDRESS	6819 NW 84th AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *R. Pettinato*

4-28-99

Date

Daytime Phone

CR2E034 (1/98)