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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S02057 1. Corporation Name

M E A, INC.

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90095 014 ***150.00



Principal Place	e of Business		Mailin	g Address										
5802 BIRD RD			5802 BIRD RD											
SUITE 320				SUITE 320					DO NOT WRITE IN THIS SPACE					
SOUTH MIAMI FL 33155			US	SOUTH MIAMI FL 33155					3. Date incorporated or Qualifed					
00				~					09/25/1990	anieu				
2. Principal Pl	lace of Busines	ss	2a. Ma	ailing Address				4.	FEI Number			Α	pplied For	
21			26						65-0224279			N	ot Applical	ble
Suite, Apt.	#, etc.		Su	uite, Apt. #, etc.					Certifcate of Status Desir	ed 🗆		·	Additional	
22			27					<u>J.</u>	Oerthodic of Status Desir			Fee R	equired	
City & State			Ci	City & State					Election Campaign Finan	cing _			May Be	
23			28	28				_	Trust Fund Contribution			Added	to Fees	
Zip Country			Zip	Zip Country				8.	This corporation owes the	e current y	_	_	work.	
24	2	-	29		30	,			Personal Property Tax.			Yes	No	
	9. Name a	nd Address of Cur	rent Register	ed Agent		041		10.	Name and Address of N	lew Regis	tered Ag	ent		
ADM	IOLD, MARY	ப				81	Name							
l .	2 BIRD ROAD					82	Street A	et Address (P.O. Box Number is Not Acceptable)						
1	JTH MIAMI FI					83								
	/	2 00 100				63								
<u> </u>						84	City				FL	85 Zip	Code	
	T. II	C	0502 and 603	1509 Florido State	too tho	abovo	namod (cornoration	n submits this statement for	or the num	oon of oh	anging it	s registere	id
l office or n	egistered ager	nt, or both, in the St	ate of Florida.	Such change was -	authorize	ed by I	ine corpo	ration's bo	oard of directors. I hereby	accept the	appointn	nent as r	egistered	-
agent. I a	ım familiar with	, and accept the ob	ligations of, Se	ection 607.0505, FI	orida Sta	itutes.								ĺ
SIGNATURE											ATE			- (
	Signature, typed or	printed name of registered			_		signature re	equired when re			RS AND	DIRECT	ORS IN 12	
12.	Signature, typed or		agent and title if app AND DIRECT	ORS	13		signature re		einstating) ADDITIONS/CHANGES T		RS AND			
12. πτε	P	OFFICERS			1.1	IITLE	signature re				RS AND	DIRECT		
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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)(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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS