FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S48500

(0)

MEFEX, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					AFAL BYALL DYZYL BUFUL DULUK UDBU	
1 12000 S.W. 1 MIAMI FL 331	OOTH AVENUE		12000 S.W. 100TH AVENUE MIAMI FL 33176			
minmi (C 00170		mi/5ml でし 少1/0		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					04/29/1991	
		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3066368	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27 City & State			Fee Required	
23		— ·		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Z _I p Country		Trust Fund Contribution	Added to Fees
24	25	29	30	'y	8. This corporation owes or has paid the	current year Intangible Yes No
27	9. Name and Address of Curre		1301		Personal Property Tax due June 30. 10. Name and Address of New Registere	
FREUNDLICH, MARILYN 12000 S.W. 100TH AVENUE				1 Name		A Agont
	WI FL 33176		8	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
: mPANI FL 33176			8	3		
•			L			
			8	4 City	F	85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	FREUNDLICH, MARILYN		1.2 NAME			
STREET ADDRESS	12000 S.W. 100TH AVE.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CiTY-	ST-ZIP		
TITLE	DELETE		2.1 TITLE			Change Addition
NAME	2.2		2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		i
CITY-ST-ZIP			2.4 CITY	·ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change
NAME			3.2 NAME			
STREET ADDRESS			3.3 \$TREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	ĺ		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	····	
TITLE		DELETE	5.1 TITLE	ľ		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		TT 65:	5.4 CITY -	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZiP		

14. I hereby certify that the imprimation 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 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 optionation or the receiver or trustee employeers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cytanget, ar on an algorithm with an address.