**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:23

DOCUMENT # **S52467** **(5)**

1. Corporation Name
**MENAR, INC.**

Principal Place of Business
8573A CORAL WAY
MIAMI FL 33155
US

Mailing Address
13304 SW 106 AVE.
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0261052 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SAAVEDRA, JOHN M
13304 SW 106 AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 (jointly) of registered agent and/or its designee) (NOTE: Registered Agent signature required when resulting) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAAVEDRA, VIVIAN | 1.2 NAME | |
| STREET ADDRESS | 13304 SW 106 AVE. | 1.3 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 1.4 CITY ST ZIP | |
| TITLE | DVPS | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAAVEDRA, JOHN M | 2.2 NAME | |
| STREET ADDRESS | 13304 SW 106 AVE. | 2.3 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or on an attachment with an asterisk.

SIGNATURE: [signature] 1/11/95 (305) 232-4199
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN M. SAAVEDRA

0103783 CP