

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **706790** (3)

1. Corporation Name
835 MERIDIAN INC



Principal Place of Business
**835 MERIDIAN AVE.
MIAMI BCH. FL 33139-5756
US**

Mailing Address
**C/O GUY LANGSDALE
835 MERIDIAN AVE., #6
MIAMI BCH. FL 33139-5756
US**

3. Date Incorporated or Qualified **02/04/1964** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29

4. FEI Number **59-2061807** 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
**LANGSDALE, GUY B
835 MERIDIAN AVE
#6
33139**

10. Name and Address of New Registered Agent
81 Name **PATEL VINODCHANDRA**
82 Street Address (P.O. Box Number is Not Acceptable) **835 MERIDIAN AVE**
83 **# 5**
84 City **Miami Beach** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *Patel Vinodchandra* DATE **4/20/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SASSON, AL	
STREET ADDRESS	158 OCEAN DR., #404	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLEMENS, PIA	
STREET ADDRESS	3009 DAY AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	LANGSDALE, GUY	
STREET ADDRESS	835 MERIDIAN AVE., #6	
CITY-ST-ZIP	MIAMI BCH. FL 00000	
TITLE	<i>Board Member</i>	<input type="checkbox"/> DELETE
NAME	<i>SASSON, AL</i>	
STREET ADDRESS	<i>341</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATEL, VINODCHANDRA	
1.3 STREET ADDRESS	835 Meridian Ave #5	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139-5756	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CANNON, RITA	
3.3 STREET ADDRESS	835 Meridian Ave # 7	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139-5756	
4.1 TITLE	<i>Board Member</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SASSON, AL	
4.3 STREET ADDRESS	3441 Sheridan Ave	
4.4 CITY-ST-ZIP	Miami Beach, FL 33140	
5.1 TITLE	<i>Board Member</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sorbillo, Graciela	
5.3 STREET ADDRESS	2550 SW 26 ST.	
5.4 CITY-ST-ZIP	Miami, FL 33133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patel Vinodchandra* DATE: **4/20/96** (305) DAYTIME PHONE #: **538-7443**

CR2E037 (12/95)