


FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 706790
1. Corporation Name
835 Meridian, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 835 Meridia Ave	26 835 Meridian Ave	02-04-1964	02-26-96
22 Suite, Apt. #, etc. Units 1-12A	27 Suite, Apt. #, etc. Unit #11	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State Miami Beach FL	28 City & State Miami Beach FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33139 Country Dade	29 Zip 33139 Country Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~Diane Hill~~ Vindochandra, Patek
835 Meridian Ave # 5
Miami Beach, FL 33139

10. Name and Address of New Registered Agent

81 Name David Dovidio
82 Street Address (P.O. Box Number is Not Acceptable) 835 Meridian Ave #11
83
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 617.0503, Florida Statutes.

SIGNATURE David A. D'Orvidio David A. D'Orvidio Secretary Treasurer 4-16-97
Date

12. OFFICERS AND DIRECTORS		
TITLE	PATEL, VINDOCHANDRA	<input checked="" type="checkbox"/> DELETE
NAME	835 Meridian # 11	
STREET ADDRESS	M.B. FL 33139	
CITY-ST-ZIP		
TITLE	Rita Cannon	<input checked="" type="checkbox"/> DELETE
NAME	835 Meridian # 7	
STREET ADDRESS	M.B. FL 33139	
CITY-ST-ZIP		
TITLE	Ria Stevens	<input checked="" type="checkbox"/> DELETE
NAME	3009 Day Ave.	
STREET ADDRESS	Coconut Grove, FL 33133	
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	"D" Diane Hill - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	835 Meridian # W	
1.3 STREET ADDRESS	MB FL 33139	
1.4 CITY-ST-ZIP		
2.1 TITLE	"D" David Dovidio - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	835 Meridian # 11	
2.3 STREET ADDRESS	MB FL 33139	
2.4 CITY-ST-ZIP		
3.1 TITLE	"D" AI SASSON - VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3441 Sheridan Avenue	
3.4 CITY-ST-ZIP	Miami Beach FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	000002203920	
6.4 CITY-ST-ZIP	-06/06/97--01028--017	
	***61.25	

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE David A. D'Orvidio David A. D'Orvidio 4-16-97 534-3814
Date Daytime Phone #

CR2E037 (9/96)