

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 706790 (3)  
1. Corporation Name  
835 MERIDIAN INC.



Principal Place of Business: 835 MERIDIAN AVE. UNITS 1-12 MIAMI BEACH FL 33139 US  
Mailing Address: 835 MERIDIAN AVE UNIT #11 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 02/04/1964  
4. FEI Number: 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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
DOVIDO, DAVID  
835 MERIDIAN AVE #11  
MIAMI BEACH FL 33139

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<del>HILL, DAVID</del>	
STREET ADDRESS	835 MERIDIAN AVE. #4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DOVIDO, DAVID	
STREET ADDRESS	835 MERIDIAN AVE. #11	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SASSON, AL	
STREET ADDRESS	3441 SHERIDAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	President "DP"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David DOVIDO	
1.3 STREET ADDRESS	835 Meridian #11	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
2.1 TITLE	Vice President "DVP"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Diane Hill	
2.3 STREET ADDRESS	835 Meridian	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	Treasurer "DT"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pia Clemens	
3.3 STREET ADDRESS	3009 DAY AVE	
3.4 CITY-ST-ZIP	COCONUT CROVE, FL 33133	
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		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pia Clemens* PIA CLEMENS 2/9/98 305/443-6859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027346

CFR2037 (10/97)