

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000000368 (0)**

1. Corporation Name
311 MERIDIAN CORP.



Principal Place of Business: **C/O DEAN ZIFF
2999 BRICKELL AVE.
MIAMI FL 33129**

Mailing Address: **C/O DEAN ZIFF
2999 BRICKELL AVE.
MIAMI FL 33129**

3. Date Incorporated or Qualified: **10/28/1992** 3a. Date of Last Report: **02/24/1995**

4. FEI Number: **65-0369892** 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

21. Principal Place of Business: Suite, Apt. #, etc. 26. Mailing Address: Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**ZIFF, DEAN
2999 BRICKELL AVE.
MIAMI FL 33129**

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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **D**

NAME: **ZIFF, DEAN**

STREET ADDRESS: **2999 BRICKELL AVE.**

CITY-ST-ZIP: **MIAMI FL 33129**

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

DELETE

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Dean Ziff* **DEAN ZIFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1796 305-856-0323

CR2E084 (12/95)