

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 015 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090909

1. Corporation Name
MEYER TRADING CORP.



Principal Place of Business 1221 BRICKELL AVE STE 900 MIAMI FL 33131 US	Mailing Address 151 MAJORCA AVE STE C CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1221 Brickell Ave. Suite, Apt. #, etc. 22 Suite 900 City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 ZIZI Ponce de Leon Blvd. Suite, Apt. #, etc. 27 Suite 240 City & State 28 Coral Gables, FL Zip 29 33134	Country 25 USA	Country 30
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3. Date Incorporated or Qualified 11/06/1996	4. FEI Number 65-0706448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
 151 MAJORCA AVENUE, #C
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GABRIEL PRATS	82 Street Address (P.O. Box Number is Not Acceptable) ZIZI Ponce de Leon Blvd.
83 SUITE 240	84 City CORAL GABLES FL
85 Zip Code 33134	

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	GRIMBERG, DANIEL	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PS	
NAME	GRIMBERG, CAROLYN	
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/25/99 (305) 347-5121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)