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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90069 048 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M40204

1. Corporation Name

MIAMI MEROPE CORP.

Principal Place of Business

C/O MAURICE ADRIAN
300 BAYVIEW DR. #1408
NORTH MIAMI BCH FL 33160

Mailing Address

C/O MAURICE ADRIAN
300 BAYVIEW DR. #1408
NORTH MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1986

4. FEI Number

59-2753523

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 50 Manuella Adrian

Suite, Apt. #, etc.

22 300 Bayview Dr #1408

City & State

23 North Miami Beach FL

Zip

24 33160

Country

25 USA

2a. Mailing Address

26 50 Manuella Adrian

Suite, Apt. #, etc.

27 300 Bayview Dr #1408

City & State

28 North Miami Beach FL

Zip

29 33160

Country

30

9. Name and Address of Current Registered Agent

ADRIAN, MAURICE
300 BAYVIEW DR.
#1408
NORTH MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name

ADRIAN, MANUELLA

82 Street Address (P.O. Box Number is Not Acceptable)

300 Bayview Drive #1408

83

84 City

North Miami Beach

FL

85 Zip Code

33160

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 Manuella ADRIAN, President Manuella Adrian January 12/1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ADRIAN, MAURICE
STREET ADDRESS 300 BAYVIEW DR #1408
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE D ☐ DELETE

NAME ADRIAN, BASSEVA
STREET ADDRESS 300 BAYVIEW DR #1408
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE D ☐ DELETE

NAME ADRIAN, MANUELLA
STREET ADDRESS 300 BAYVIEW DR., #1408
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Manuella Adrian

January 12, 1999

Date

305-945-8007

Daytime Phone #

CR2E034 (11/98)