

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90207 023 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F46232**

1. Corporation Name  
**MERO INVESTMENTS, INC.**

Principal Place of Business  
 70414 CANTERBURY DR  
 RICHMOND MI 48062  
 US

Mailing Address  
 P.O. BOX 435  
 RICHMOND MI 48062  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/28/1981**

4. FEI Number  
**59-2144025**

Applied For  
 Not Applicable

2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, E. E.**  
 650 S.E. 3RD AVENUE  
 POMPANO BEACH, FL  
 FT LAUDERDALE FL 33301

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, MARIA</b>	1.2 NAME	
STREET ADDRESS	<b>1010 S OCEAN BOULEVARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, MANUEL R</b>	2.2 NAME	
STREET ADDRESS	<b>70414 CANTERBURY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND MI 48062</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, MANUEL A</b>	3.2 NAME	
STREET ADDRESS	<b>70414 CANTERBURY DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND MI</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Manuela Romero* **Manuela A. Romero** 4/9/99 (810) 727-8026  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)