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

CITY-ST-ZIP

**SIGNATURE:** 

May 01 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F75710 (6)MEKFIR INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 1111 KANE CONCOURSE 1111 KANE CONCOURSE SUITE 611-A SUITE 611-A DO NOT WRITE IN THIS SPACE **BAY HARBOR ISLANDS FL 33154** BAY HARBOR ISLANDS FL 33154 3. Date Incorporated or Qualified 04/09/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2185045 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REISEMAN, HARVEY I. 46 S.W. FIRST STREET 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 Zip Code 84 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Angistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE MENASHE, EXELBIRT 1.2 NAME NAME 1111 KANE CONCOURSE 611A STREET ADORESS 1.3 STREET ADDRESS BAY HARBOR, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE EXELBIRT, CHARLIE 2.2 NAME NAME 1111KANÉ CONCOURSE 611A STREET ADDRESS 2.3 STREET ADDRESS BAY HARBOR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **EXELBIRT, CLARA** 3.2 NAME NAME 1111 KANE CONCOURSE 611A STREET ADDRESS 3.3 STREET ADDRESS **BAY HARBOR FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 64 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 supplimental 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 of trustee empower plo execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing an attachment with an address.

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**FILED**