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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90170 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **K20847**

1. Corporation Name  
**MEVER CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 16451 S.W. 197TH AVE.  
 MIAMI FL 33187  
 US

Mailing Address  
 Gelasio Labori  
 16451 SW 197th Ave  
 Miami, Florida 33187

3. Date Incorporated or Qualified  
**04/11/1988**

4. FEI Number  
**65-0194994**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 16451 SW 197th Ave  
 27 Suite, Apt. #, etc.  
 28 Miami, Florida  
 29 33187 30 Miami-Dade

9. Name and Address of Current Registered Agent  
**RAMIREZ, MANUEL J.**  
**1200 BRICKELL AVE**  
**SUITE 1440**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name  
**Gelasio Labori**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 16451 SW 197th Ave  
 84 City **Miami** **FL** 85 Zip Code **33187**

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 Gelasio Labori DATE **4/20/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	LABORI, GELASIO		
16451 S.W. 197TH AVENUE		1.3 STREET ADDRESS	
MIAMI FL 33187		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)(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: Gelasio Labori DATE **4/20/99** 305 235-8859  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)