

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

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

02-23-1999 90051 049 ***158.75

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|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **L42935**

1. Corporation Name
MERENOEL FLA., INC.

Principal Place of Business
MERENOEL FLORID. INC.
2821 LUCERNE AVE
MIAMI BCH FL 33140
US

Mailing Address
MERENOEL FLORIDA. INC.
~~2821 LUCERNE AVE~~
~~MIAMI BCH FL 33140~~
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|----------------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/17/1990 | |
| 21 | Suite, Apt. #, etc. | 26 | 5700 COLLINS AVE. # | 4. FEI Number 65-0172974 | Applied For Not Applicable |
| 22 | | 27 | # 12-K | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | MIAMI BEACH, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | 33140 | 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 | | 10. Name and Address of New Registered Agent | |
| IRVING SHIMOFF SUITE 1050 200 S. BISCAYNE BLVD. MIAMI FL 33131 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|--|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KESSLER, APOLLONIA K. | 1.2 NAME | |
| STREET ADDRESS | 2821 LUCERNE AVENUE | 1.3 STREET ADDRESS | 5700 COLLINS AVE. #12-K |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | MIAMI BEACH FL 33140 |
| TITLE | VDS <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KESSLER, EDWARD | 2.2 NAME | |
| STREET ADDRESS | 2821 LUCERNE AVENUE | 2.3 STREET ADDRESS | 5700 COLLINS AVE. #12-K |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | MIAMI BEACH FL 33140 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)