FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

1996

L52958

(0)

DOCUMENT #
1. Corporation Name

MEERA ENTERPRISES, INC.

Principal Place	of Business	Mailing Address		F 10041011 401 01110 11016 19101 01101	1811 G1817 B1817 G1811 SF811	MAN SINIS HAID
4845 4TH ST. #140		5401 BAYOU GRANDE			•	
ST. PETERSBURG FL 33703 US		ST. PETERSBURG FL 3 US	3703	3. Date Incorporated or Qualified 02/26/1990	3a. Date of Last F 05/01/19	•
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-3015967		Not Applicable
Suite. Apt. i		Suite, Apt. #, etc.		5. Certificate of Status Desired	LJ Fee	5 Additional Required
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country 25	Ζ(ρ 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s	199.032,
	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
			81 Name			'
	, manjula		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
4845-4TH STREET NORTH						
ST. PETE	ERSBURG FL 33703		83			
			84 City		FL 85 Z	ip Code
SIGNATURE .	th, and accept the obligations of, Se Signature, typed or protect name of regulated age	ot and the diagnosticated (NO	B. Begisteres. Agent signature renov		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	THE RESERVE OF THE PARTY OF THE	
T/TLE NAME	P Parmar, Manjula	DETE LE	1 1 TUE		☐ Change	Addition
STREET ADDRESS	4845 4TH ST. N.		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 T-1LF		☐ Change	Addition
NAME			2.2 NAMÉ			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP		Doc etc.	2.4 C/TY-ST-Z.P	.		
TITLE		DELETE	3 1 TITLE		☐ Change	Addition
NAME			3 2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS : 3.4 City-St-7/P			
TITLE		DELETE	4 1 TITLE		Change	Addition
NAME			4.2 NAME		-	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - 7:P	300001.20	17902	
TITLE		☐ DELETE	5 1 TIFLE	3000018(-0\$/06/96010	1090 1 6 ^{mmge}	☐ Addition
NAME			5 2 NAMÉ	***200.00		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	CONTRACTOR	Change	☐ Addition_
NAME		L_J pect it	62 NAME		Grange	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP		l-	Y', V
certify that oath; that	t the information indicated on this an	nual report or supplemental ann ioration or the receiver or truste	ished and does not qualify ual report is true and accur e empowered to execute the	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, Fl	same legal effect as	if made under

M. Parmar, Manula Farmar SIGNATURE:

April 25/96 813-527-3924