FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:42

DOCUMENT # **M10538** **(0)**

1. Corporation Name
MEROPIS CORPORATION

Principal Place of Business
9340 LAGOON PLACE
410
FT. LAUDERDALE FL 33324

Mailing Address
1133 S. UNIVERSITY DR.
SUITE 201
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1985
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2632726 — Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MAHONY, JAMES F.
1133 S. UNIVERSITY DR.
SUITE 201
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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: (Typed or printed name of Registered Agent and title if applicable) (Edit. Registered Agent signature required after mailing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS NAME MAS, JOSE MARIA STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE TD NAME MAS, JOSE MARIA STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VD NAME MAS, JUAN STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME MAS, MARIA CONCEPCION STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME MAS, LUIS STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME MAS, ELENA STREET ADDRESS 9340 LAGOON PL. #410 CITY-ST-ZIP FT. LAUDERDALE FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: Juan Mas — SIGNATURE AND TITLED OR NAMED OFFICER OR DIRECTOR — 3/8/95 Date — Daytime Phone #

Juan Mas

003101 CP