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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M 10538

1. Corporation Name

FILED May 06 1997 8:00am Secretary of State

	Mer	opis Corpo	ration				
Principa Place of Business Mailing Address 9340 Lagoon P1.							
Ft. Lauderdale, F1. Ft. Lauderdale, F1. 3333					3. Date Incorporated or Qualified 01/28/1985	3a. Date of Last Report	
2. Principal P	hade of Busin	iess	2a. Mailir	ng Address		4. FEI Number	Applied For
21			26			59-2632726	Not Applicable
Suite, Apt	#, etc		Suite 27	, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ie.		City & 28	s State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip		Country	8. This corporation has liability for	
24	ŀ	25	29		30] Yes □ No
	9. Name	and Address of Curr		Agent	1 - 1	10. Name and Address of New Re	pistered Agent
					81 Name	33 3	
						Advanced Associate dress (P.O. Box Number is Not Acceptab	
						2890 N. Andrews Av	
					83		
						Suite B	- In-1 7 - O - 4 -
					84 City	Ft. Lauderdale	FL 85 Zip Code 33311
11. Persuant	To the provis	ons of Sections 607 05	502 and 607.150	8, Florida Stat	utes, the above-named co	rooration submits this statement for the o	urpose of changing its registered
office or r	registered ag	jent, or both in the Sta	ite of Florida, Sui Joallons of Sect	ch chafige wa:	s authorized by the corpor Florida Statutes	ation's board of directors. I hereby accept	of the appointment as registered
	%	an, and accept the obs	1	e was			K/2g/g7
SIGNATURE	Statistic feled	or printed harve of registered a	agent and title I applic	2.1	TE Registered Agent signature rec	ulred when reinstating)	DATE
12.			ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
1.04	1						
1.014	Divos	+ ~ -		L DELETE	1.1 TITLE		Change Addition
NAME	Direc			L DELETE	1.1 TITLE 1.2 NAME		
NAMÉ	Mas J	uan	#410	L DELETE			
NAME STREET ADDIRESS	Mas J 9340	uan Lagoon Pl.			1.2 NAME 1.3 STREET ADDRESS		
NAME STREET ACCIDESS CITY ST ZIF	Mas J 9340	uan			1.2 NAME		
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14. Fig. hereby certry that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes. If urriner 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—3 if changed, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Mas

4/20/97

954-561-2883