

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M40204** (3)

1. Corporation Name
MIAMI MEROPE CORP.



Principal Place of Business
**C/O MAURICE ADRIAN
300 BAYVIEW DR. #1408
NORTH MIAMI BCH FL 33160**

Mailing Address
**C/O MAURICE ADRIAN
300 BAYVIEW DR. #1408
NORTH MIAMI BCH FL 33160**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **10/17/1986**
3a. Date of Last Report **03/15/1995**
4. FEI Number **59-2753523**
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

10. Name and Address of New Registered Agent

**ADRIAN, MAURICE
300 BAYVIEW DR,
#1408
NORTH MIAMI BCH FL 33160**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: **PD ADRIAN, MAURICE**
12.2 STREET ADDRESS: **300 BAYVIEW DR #1408**
12.3 CITY, ST, ZIP: **NORTH MIAMI BCH FL D**
12.4 NAME: **ADRIAN, BASSEVA**
12.5 STREET ADDRESS: **300 BAYVIEW DR #1408**
12.6 CITY, ST, ZIP: **NORTH MIAMI BCH FL**

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY, ST, ZIP:
13.5 TITLE:
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY, ST, ZIP:
13.9 TITLE:
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice Adrian **MAURICE ADRIAN** 1996

CR2E034 (12/95)