


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

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

02-23-1999 90069 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M40204

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 50 Manuella Adrian Suite, Apt. #, etc.	2a. Mailing Address 26 50 Manuella Adrian Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/17/1986	4. FEI Number 59-2753523	Applied For <input type="checkbox"/> Not Applicable
22 300 Bayview Dr #1408 City & State	27 300 Bayview Dr. #1408 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 North Miami Beach FL Zip Country	28 North Miami Beach FL Zip Country	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

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

10. Name and Address of New Registered Agent

81 Name **ADRIAN, MANUELLA**
 82 Street Address (P.O. Box Number is Not Acceptable) **300 Bayview Drive # 1408**
 83
 84 City **North Miami Beach** FL 85 Zip Code **33160**

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 **Manuella ADRIAN, President** **Manuella Adrian January 12/1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ADRIAN, MAURICE
STREET ADDRESS	300 BAYVIEW DR #1408
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ADRIAN, BASSEVA
STREET ADDRESS	300 BAYVIEW DR #1408
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ADRIAN, MANUELLA
STREET ADDRESS	300 BAYVIEW DR., #1408
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Manuella Adrian** **January 12, 1999** **305-945-8007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)