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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPAR MENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # **M44605** MERAYO INC. Principal Place of Business Mailing Address 2551/8W 117TH CT NYANN PL 331/25 2551,8\$V 11*77*H 0 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1987 04/16/1996 Mailing Address 4. FEI Number Applied For 59-2762575 14541 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing am 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name orlos 82 Street Address (P.O. Box Number is Not 83 84 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 if an familiar with, and deept the obligations of Section 607.5505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TATLE 1 1 TITLE PARES, CARLOS A 1.2 NAME 14541 SW 64TH COURT 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 1.4 CITY+ST-ZIP COLY - ST - ZIF VPS DELETE Addition fills 21 TITLE Change PARES, HILDA 22 NAME NAME 14541 SW 64TH COURT STREET ADDRESS 23 STREET ADDRESS MIAMI FL CHY- ST. ZIP 2.4 CHTY-ST-ZIP DELETE Change Addition TIFLE 31 TITLE 32 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 34. CITY-ST-ZIP CITY -ST-ZIP DELETE 41 TITLE Change Addition TIME 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 001Y - \$1 - 201 DELETE 51 THILE ☐ Change Addition NAME 5.2 NAME STREET ADORESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CON-ST 76 Title DELETE 61 TITLE ☐ Change Addition

14. I do 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 of supplemental annual report is frue 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 of 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, of

62 NAME

**63 STREET ADDRESS** 64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY S1-20

**FILED** 

May 13 1997 8:00am