SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

111

FILED Sep 10 1997 8:00am Secretary of State

1. Corporation		# 114	34 11		(4)				}						
	MERALD I	SLE IMMIG	RATION C	ENT	TER OF FLORI	DA,									
INC.															
Principal Place of Business Mailing Address														DIA BIBA BIBA S	IIII (HIIH III)
5801 EDWARDS ROAD 5801 EDWARDS ROAD MARGATE FL 33063 MARGATE FL 33063															
										DO NOT WRITE IN THIS SPACE					
									ŀ	3. Date Incor	porated or			Date of Last I	
										06/15				07/08/19	96
2. Principal F	Piace of Bush	ness		2a. Mailing Address						4. FEI Numbe	97 141180			 _	oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.											lot Applicable Additional
22					27					5. Certificate	of Status D	esired			doniona
City & State City & State										6. Election Ca	ampaign Fi	nancing		\$5.00	May Ele
23					Zip Country					Trust Fund Contribution Added to Fees					
Zip 24	Country 25			Zip Coi			Juniy			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes					
9, Name and Address of Curren										10. Name and Address of New Registered Agent					
							81	Name	9						
MCALLISTER, DENNIS							82 Street Addres			s (P.O. Box Nu	mber is No	Accept	lable)		
5801 EDWARDS ROAD							83								
MARGATE FL 33063							03								
							64	City					FI	85 Zip	Code
11. Pursuant	to the provis	ions of Section	s 617.0502 a	nd 61	7.1508, Florida Stat	utes, the al	OOVE	-namec	d corpora	ation submits th	nis stateme	nt for the	purpose	of changing	its registered
orrice or agent. I a	registered ag am familiar w	jent, or both, if ith, and accep	the State or the the obligation	ns of	7.1508, Florida Stat a. Such change wa Section 617,0503,	s authorized Florida Stat	utes	ine cor s.	rporation	s board of dire	ectors, i nei	eby acc	epi the ap	pointment as	s registered
SIGNATURE		, f or printed name of		4 400 4		075 8				Total N			DATE		
12.	Signature, typed		ICERS AND D			13.	- Age	int eignatur	re required v	when reinstating) ADDITIONS	/CHANGES	TO OFF		D DIRECTO	RS IN 12
TITLE	PD			☐ DELETE 1			1.1 TITLE		7					Change	Addition
NAME	FAMI FOULDOOD DOAD						1.2 NAME		1]
STREET ADDRESS 5801 EDWARDS ROAD CITY-ST-ZIP MARGATE FL			U				1.3 STREET ADDRESS 1.4 City-St-Zip		•						
CITY-ST-ZIP TITLE	VD	C FL			DELETE	1.4 Cf		T-ZIP	 					Change	Addition
NAME	GREN, D	ENNIS				2.2 NA			1						
STREET ADDRESS				23			2.3 STREET ADDRESS								
CITY-ST-ZIP MARGATE FL							2. 4 DITY-ST-ZIP								
TITLE	PINDAK SD	KATHI ECN			DELETE	3.1 111								L Change	Addition
NAME STREET ADDRESS	NAME HUDAK, KATHLEEN STREET ADDRESS 5801 EDWARDS ROAD					3.2 NA		ADDRESS							ľ
CITY-ST-ZIP	MARGAT							ADDRESS ST-ZIP	`						1
TITLE	סד				DELETE	4.1 TIX			1					Change	☐ Acidition
NAME		H, RICHARD				4. 2 N	AME								
STREET ADDRESS		MCNAB RD,	STE 302			1		address	· [}
CITY-ST-ZIP	430	O BCH FL			DELETE	4.4 CI		T-ZIP	s	<u> </u>		·		Change	Addition
NAME	West .	Me Me	DOUNGEL	_	المامان سيا	5.1 NA			PAT	RICLA N	4 e Dow	NEZ	_	5101090	- 1-400mmil
STREET ADDRESS	The state of	1387	+ STAGE			1		ADDRESS	180	1 2.00. 3	38 PH s	77143			1
CITY-ST-ZIP	ONTER	OD PAR	KE	<u> 38:</u>	309	5.4 CI	IY-S	T-ZIP	OAK	LAND P.	ANK P	2 3	3309		
TITLE	Contract of	MARKENS	روح		☐ DELETE	6.1 TIT			۱۷ٍ∖)				☐ Change	Addition
NAME	612	ST IST	NATT OF	_		6.2 NA		1000-00	UNL	6 QUALL	TRAKTY CLASH	-			Ι,
STREET ADDRESS		TO ATE			22014				256	PAN De	MCH	万.	3306	<i>.</i> 4	
City-st-zip	by cortify the	t the information	on Supplied w	ith thi	s filing does not our	6.4 CI								-	t the

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an attachment with an address.