

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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 9:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**000001497950  
-05/24/95 -01040 -003  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P93 0000 25929**

1. Corporation Name  
*The Mermaid Tavern, Inc.*

Principal Place of Business  
*450 NW North River Dr.  
Miami, FL 33128*

Mailing Address  
*c/o William Ekasala  
980 NW North River Dr #129  
Miami FL 33136*

2. Principal Place of Business  
21

2a. Mailing Address  
26

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

3. Date Incorporated or Qualified  
*4/2/93*

3a. Date of Last Report  
*1994*

4. FEI Number  
*65-0471782*

Applied For  
Not Applicable

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 US2, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

*William R. Ekasala  
980 NW North River Dr #129  
Miami FL 33136*

**10. Name and Address of New Registered Agent**

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

**12. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

*Pres., Director, Secretary  
William R. EKASALA  
980 NW North River Drive #129  
MIAMI FL 33136*

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

**SIGNATURE:** *[Signature]* **WILLIAM R. EKASALA** *5/14/95* **305 582-9616**  
SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR Date (Signature Page 2)

**REMITTED BY MAY 1**