FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000073446 (5) **DOCUMENT #** MERIK'S FINANCE CORP. Mailing Address Principa! Place of Business 4575 SW 139 CT 12488 S.W. 8TH ST. LINIT C MIAMI FL 33184 MIAMI FL 33175 3a. Date of Last Report 3. Date Incorporated or Qualified 11/14/1995 10/22/1993 Applied For 4. FLI Number 2a. Mailing Address 26 4575 SW 139 0. 2. Principal Place of Business 21 6908 MW Not Applicable 65-0443611 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required UNIT 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box FL miami miami Trust Fund Contribution Added to Fees 28 23 tax under s. 199.032, This corporation has liability for intar Country 33166 USA Yes 331 Elorida Statutes USA 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LARRINUA, MERY 4575 SW 139 CT 83 UNIT C Zip Code **MIAMI FL 33175** 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submills 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE / (NOTE: Registered Agent signature required when renations) ormy sere Lagert and their accepable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ___ Change Addition DELETE 1.1 TIT: E THILE 1.2 NAME LARRINUA, MERY NAME 13 STREET ADDRESS 4575 SW 139 CT, UNIT C STREET ADDRESS 14 CLY - S* - ZiP **MIAMI FL 33175** CITY-ST-ZIP Addit on Change DELETE 2 1 TITUE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - \$1 - 7.P CITY - ST - ZIF Addition DELETE 3 1 TITLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY - ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 3000017333 -03/05/96--01133--0 ***200.00 4.4 CiTY - ST - 7:P CITY-ST-7IP Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-\$T-Z-P CITY - ST - ZIP Addition DELETE 6 1 TITLE TITLE 62 NAME

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 119.07(3)(k). Florida 9 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 oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; an appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CiTY - ST - ZiP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)