

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 9:31

DOCUMENT # **P9400008200 (5)**

1. Corporation Name
MERIT FINANCIAL GROUP CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3211 PONCE DE LEON BLVD. # 305 CORAL GABLES FL 33134	Mailing Address 3211 PONCE DE LEON BLVD. # 305 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1994		3a. Date of Last Report	
21	22	23	24	25	26	27	28
4. FEI Number 65-0464209		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Applied For Not Applicable		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALIM, LUIS 3211 PONCE DE LEON BLVD. # 305 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 _____ (NOTE: Registered Agent signature required when consolidating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIANELLO, FRANK M	12 NAME	
STREET ADDRESS	3211 PONCE DE LEON BLVD., # 305	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	14 CITY - ST - ZIP	
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIM, LUIS	22 NAME	
STREET ADDRESS	3211 PONCE DE LEON BLVD., # 305	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I hereby certify that the information furnished with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information 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 by me. I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 12 of this report as an officer or director with an address.

SIGNATURE: *Frank M. Vianello* 2-28-95 (305) 385-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR