

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 16, 1996 08:00 AM
Secretary of State

DOCUMENT # **PA4000043384**

1. Corporation Name

Principal Place of Business

Mailing Address

MEKA INVESTMENT CORP.

2. Principal Place of Business

2a. Mailing Address

21 **1001 N.W. 54th Street**

26 **1001 N.W. 54th Street**

65-0499542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **L**

27 **L**

City & State

City & State

23 **Miami FL**

28 **Miami FL**

Zip

Country

Zip

Country

24 **33127**

25 **USA**

29 **33127**

30 **USA**

3. Date Incorporated or Qualified

3a. Date of Last Report

6/10/94

4. Filing Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIE F ADAM
13700 N MIAMI AVE
MIAMI FL 33168

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature (typed or printed name of individual agent on this page)

Signature (typed or printed name of registered agent on this page)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PRESIDENT**
MARIE F ADAM
STREET ADDRESS **1001 NW 54th Street**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800001896288
-07/17/96--01032--021
*****225.00**

6/24/96

Daytime Phone #

CR2E034 (12/95)