

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

DOCUMENT # **P95000047745**  
1. Corporation Name

*Mentore, Inc.*

Principal Place of Business Mailing Address  
**407 Lincoln Road, Suite 9A, MIAMI BEACH, Florida 33139.** (SAME)

2. Principal Place of Business	2a. Mailing Address
21 <b>407 Lincoln Road</b>	26 <b>407 Lincoln Road</b>
22 Suite, Apt #, etc <b>Suite 9A</b>	27 Suite, Apt #, etc <b>Suite 9A</b>
23 City & State <b>MIAMI BEACH, Florida</b>	28 City & State <b>MIAMI BEACH, Florida</b>
24 Zip <b>33139</b> Country <b>USA</b>	29 Zip <b>33139</b> Country <b>USA</b>

3. Date Incorporated or Qualified <b>3-10-95</b>	3a. Date of Last Report
4. FEI Number <b>65-0562044</b>	Applied for <input type="checkbox"/> Not Applied for
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Meredith L. Shapiro, 407 Lincoln Road, Suite 9A, MIAMI BEACH, Florida 33139.**

10. Name and Address of New Registered Agent

81 Name <b>Meredith L. Shapiro</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1031 Ives Dairy Road</b>
83 <b>Suite 127</b>
84 City <b>North Miami Beach FL</b> 85 Zip Code <b>33179</b>

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 *Meredith Shapiro* DATE **8/6/96**

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	<b>President</b>
NAME	<b>Meredith L. Shapiro</b>
STREET ADDRESS	<b>407 Lincoln Road Suite 9A</b>
CITY-ST-ZIP	<b>MIAMI BEACH, Florida 33139</b>
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President</b>
1.2 NAME	<b>Meredith L. Shapiro</b>
1.3 STREET ADDRESS	<b>1031 Ives Dairy Road Suite 127</b>
1.4 CITY-ST-ZIP	<b>North Miami Beach, Florida 33179</b>
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400001924984**  
**-08/19/96--01005--035** Change  Addition   
**\*\*\*225.00**

8/6/96 (305) 654-9989

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Meredith Shapiro* Date: **8/6/96** Duly Sworn: **(305) 654-9989**