FILED
May 13 1997 8:00am
Secretary of State

AMOUNT DUE ON OR BEFORE 8/7/96 ($325 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000047745

1. Corporation Name
Merilore, Inc.

Principal Place of Business
407 Lincoln Road.
Suite 9A.
Miami Beach, Florida 33139.

Mailing Address
(SAME)

3. Date Incorporated or Qualified: 3-10-95.
3a. Date of Last Report:

2. Principal Place of Business
21 407 Lincoln Road.
22 Suite, Apt. #, etc. Suite 9A.
23 City & State Miami Beach, Florida.
24 Zip 33139. 25 Country USA.

2a. Mailing Address
26 407 Lincoln Road.
27 Suite, Apt. #, etc. Suite 9A.
28 City & State Miami Beach, Florida.
29 Zip 33139. 30 Country USA.

4. FEI Number 65-0562044. ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ 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 Meredith L. Shapiro.
82 Street Address (P.O. Box Number is Not Acceptable) 1031 Ives Dairy Road
83 Suite 127.
84 City North Miami Beach FL 85 Zip Code 33179.

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 Meredith Shapiro 4-27-97 8/6/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President.	☐ DELETE
NAME	Meredith L. Shapiro.	
STREET ADDRESS	407 Lincoln Road Suite 9A.	
CITY-ST-ZIP	Miami Beach, Florida 33139.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	President.	☒ Change ☐ Addition
1.2 NAME	Meredith L. Shapiro.	
1.3 STREET ADDRESS	1031 Ives Dairy Road Suite 127	
1.4 CITY-ST-ZIP	North Miami Beach, Florida 33179.	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 9-29-97 Meredith Shapiro 8/6/96 (305) 654-9489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #