

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jul 31 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000047745 (1)  
1. Corporation Name  
**MERILORE, INC.**



Principal Place of Business: 407 LINCOLN ROAD SUITE 9A MIAMI BEACH FL 33139  
Mailing Address: 407 LINCOLN ROAD SUITE 9A MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1995

4. FEI Number: 65-0562044

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21. 1625 N Commerce Pkwy  
22. Suite, Apt. #, etc. suite 225  
23. City & State Weston FLA  
24. Zip 33326 25. Country USA

2a. Mailing Address

26. Same  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip 30. Country

9. Name and Address of Current Registered Agent  
SHAPIRO, MEREDITH C  
1031 IVES DAIRY RD. #127  
N. MIAMI BCH. FL 33179

10. Name and Address of New Registered Agent

81. Name Shapiro, Meredith C  
82. Street Address (P.O. Box Number is Not Acceptable) 1625 N Commerce Pkwy suite 225  
83.  
84. City Weston FLA FL 85. Zip Code 33326

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 C Shapiro DATE: 7/23/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MEREDITH L.	
STREET ADDRESS	1031 IVES DAIRY RD. #127	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
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 IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shapiro, Meredith	
1.3 STREET ADDRESS	1625 N. Commerce Pkwy. suite 225	
1.4 CITY-ST-ZIP	Weston FLA. 33326	
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	900002605513	
5.3 STREET ADDRESS	-08/03/98--01032--002	
5.4 CITY-ST-ZIP	***150.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Meredith Shapiro Meredith C Shapiro 7/23/98 954 385 1630

CR2E034 (10/97)