


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000048120 (6)

1. Corporation Name

MEROX MORTGAGE CORP.

Principal Place of Business

Mailing Address

10240 SW 56TH STREET
SUITE 112-C
MIAMI FL 33165

10240 SW 56TH STREET
SUITE 112-C
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1110 BRICKELL AVE.

Suite, Apt. #, etc.

22 SUITE 802

City & State

23 MIAMI, FL.

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1110 BRICKELL AVE

Suite, Apt. #, etc.

27 802

City & State

28 MIAMI, FL.

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

08/28/1996

4. FEI Number

59-0592399

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTINEZ, ERICK
10240 SW 56TH STREET
SUITE 112-C
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

ERICK MARTINEZ

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

83

11410 S.W. 43 ST.

84 City

MIAMI

FL

85 Zip Code

33165

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPS
MARTINEZ, ERICK
STREET ADDRESS 10240 SW 56TH ST., STE. 112-C
CITY-ST-ZIP MIAMI FL 33165

TITLE ☒ DELETE

NAME ~~TVP~~
~~MARTINEZ, ROXANA~~
STREET ADDRESS ~~10240 SW 56TH ST., STE. 112-C~~
CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME DPS
MARTINEZ, ERICK
13 STREET ADDRESS 11410 S.W. 43 ST.
14 CITY-ST-ZIP MIAMI, FL. 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

8/31/97 305572-172

CR2E034 (4/97)