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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000061516 (7)

## FILED May 16 1997 8:00am Secretary of State

1. Corporation Name MERIDIANA SALES, INC.  Principal Place of Business Mailing Address 22530 MERIDIANA DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433												
									Date Incorporated or Qualifie		Date of Last R 6/20/1996	eport
	lace of Busin	oss	2a.	Mailing Address		+			FEI Number			plied For
21			26			<del>-</del>			65-0609739			ot Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		<b>\$8.75</b> / Fee Re	Additional
City & State	6		21	City & State		<del> </del>		8	Election Campaign Financing		\$5.00	
23			28					- 1	Trust Fund Contribution		Added	,
Zip		Country	Zip		<del> </del>	Country		8.	8. This corporation has liability for intangible tax under s. 199,032,			
25			29 30			<del></del>	Florida Statutes Yes No  10. Name and Address of New Registered Agent					
000		and Address of Curre	nt Hegist	ered Agent		81	Name	10.	Name and Address of New	Hegistered	a Agent	····
	ST, ROBERT					<u> </u>						
22530 MERIDIANA DRIVE BOCA RATON FL 33433						82	Street A	ddress (P.	O. Box Number is Not Accep	itable)		
	on ignion	1 6 00100				83						
						_					11	
						84	1			F	_	Code
office or r agent. I a SIGNATURE		ent, or both, in the State th, and accept the oblig or printed name of registered as					y the corpo		submits this statement for the part of directors. I hereby actively active acti	e purpose cept the ap	or changing it	registered
12.				ND DIRECTORS			13.		DDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12
TITLE	D			DELETE	1.	1 TITLE					Change	Addition
NAME	POST, R				1.	2 NAME	-					
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CITY-ST-ZIP						4 CITY						
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NAME					3.	2 NAME						
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CITY-ST-ZIP					3.	4. CITY-	ST - Z(P					
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NAME				DECER		2 NAME					L. J. Ottonige	L. AUGINOR
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NAME				<del>_</del> _		2 NAME						<del></del> ··
STREET ADDRESS						!	I 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 an an attachment with an address.