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May 01 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000080352 (4)

1. Corporation Name
MERRICK DEVELOPMENT COMPANY, INC.



Principal Place of Business
1790 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address
1790 CORAL WAY
SUITE 200
MIAMI FL 33145-2782

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
21 16501 N.W. 16 Court

2a. Mailing Address
26 16501 N.W. 16 Court

4. FEI Number
65-0628190

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State
Miami FL

27 City & State
Miami FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 33169 Country

28 Zip 33169 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, GLORIA
1790 CORAL WAY
SUITE 200
MIAMI FL 33145

81 Name
GLORIA MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)
16501 N.W. 16 Court

83

84 City Miami FL 85 Zip Code 33169

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MAIDIQUE, MODESTO A
STREET ADDRESS 8821 SW 104 ST
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME MAIDIQUE, MARK A
STREET ADDRESS 8821 SW 104 ST
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE C
NAME SUAREZ, AMANCIO V
STREET ADDRESS 7280 LAGO DR W
CITY-ST-ZIP CORAL GABLES FL 33143

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME SUAREZ, AMANCIO J
STREET ADDRESS 158 ISLA DORADA BLVD
CITY-ST-ZIP CORAL GABLES FL 33143

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

305-621-4227

Office Phone

0203077

CR2E034 (9/96)