

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Aug 14 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000085839 (5)**

1. Corporation Name

**INVERRARY PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**2979 NORTHWEST 56TH AVENUE  
LAUDERHILL FL 33313**

**2979 NORTHWEST 56TH AVENUE  
LAUDERHILL FL 33313**



2. Principal Place of Business

2a. Mailing Address

21 **1444 Biscayne Boulevard**

26 **1444 Biscayne Boulevard**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Country

Zip

Country

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

**Steven Meirs**

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

**1444 Biscayne Boulevard**

83

84 City

**Miami,**

FL

85 Zip Code

**33131**

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

**Steven Meirs**

**5/30/96**

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

(NOTE: Registered Agent's signature required when name is being changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

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

**P/D/S/T**

**Steven Meirs**

**1444 Biscayne Boulevard**

**Miami, FL 33131**

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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:

**Steven Meirs**

**President 5/30/96**

**(305) 358-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)