## 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.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P96000072582 (5)

MECKE CORP.

Principal Place of Business

Mailing Address

fra final fra fra 97 SEP -4 PH 3:31 SECRETARY OF STATE TALLAHASSEE FLORIDA



| 848 BRICKELL AVENUE<br>SUITE 600<br>MIAMI FL 33131   | 848 BRICKELL AVENUE<br>SUITE 600<br>MIAMI FL 33131                             |   | DO NOT WRITE IN THIS SPACE   |   |  |  |  |
|--|--|---|--|---|--|--|--|
|  |  |   | 3. Date Incorporated or Qualified 08/30/1996                                     | 3a. Date of Last Report   |  |  |  |
| 2. Principal Place of Business   | 2a. Mailing Address  |   | 4. FEI Number  | Applied For   |  |  |  |
| 21   | 26   |   | 65-0737175   | Not Applicable  |  |  |  |
| Sulte, Apt. #, etc.  | Suite, Apt. #, etc.  |   | 6. Certificate of Status Desired   | \$8.75 Additional Fee Required                                  |  |  |  |
| City & State   | City & State   |   | Election Campaign Financing     Trust Fund Contribution                          | \$5.00 May Be Added to Fees                                     |  |  |  |
| Zip Country  | Zip Co<br>29 30  | untry                                   | 8. This corporation owes or has pai<br>Personal Property Tax due June            |   |  |  |  |
| 9. Name and Address of Current Registered Agent  |  |   | 10. Name and Address of New Registered Agent                                     |   |  |  |  |
| WAYNE, GEOFFREY M  | 81 Name  |   |  |   |  |  |  |
| BRICKELL BAY OFFICE TOWER, SUITE 2702<br>1001 SOUTH BAYSHORE DR.<br>MIAMI FL 33131-4900                                  |  | 82 Street Addr                          | Street Address (P.O. Box Number is Not Acceptable)                               |   |  |  |  |
|  |  | 83                                      |  |   |  |  |  |
|  |  | 84 City                                 |  | FL 85 Zip Code  |  |  |  |
| <ol> <li>Pursuant to the provisions of Sections 607.050<br/>office or registered agent, or both, in the State</li> </ol> | 2 and 607,1508, Florida Statutes, the a of Florida. Such change was authorized | above-named corp<br>od by the corporati | oration submits this statement for the proofs board of directors. I hereby accep | urpose of changing Its registered the appointment as registered |  |  |  |

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |                        |          |                    |                                       |                       |            |            |  |  |  |
|--|------------------------|----------|--------------------|---------------------------------------|-----------------------|------------|------------|--|--|--|
| SIGNATURE Signature, typod or printed nance of tegislated agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE |                        |          |                    |                                       |                       |            |            |  |  |  |
| 12.  | OFFICERS AND DIRECTORS |          |                    |                                       | ANGES TO OFFICERS AN  | D DIRECTOR | S IN 12    |  |  |  |
| TITLE  | D                      | DELETE   | 1.1 TITLE          | · · · · · · · · · · · · · · · · · · · |                       | ☐ Change   | Addition   |  |  |  |
| NAME   | BARRIOS, RAMON         |          | 1,2 NAME           |                                       |                       |            |            |  |  |  |
| STREET ADORESS   | 848 BRICKELL AVE. #600 |          | 1.3 STREET ADDRESS |                                       |                       |            |            |  |  |  |
| CITY-ST-ZIP  | MIAM! FL ;3313-1       |          | 1.4 CITY-ST-ZIP    |                                       |                       |            |            |  |  |  |
| TITLE  |                        | ☐ DELETE | 2.1 TITLE          |                                       |                       | Change     | Addition   |  |  |  |
| NAME   |                        |          | 2.2 NAME           |                                       |                       |            |            |  |  |  |
| STREET ADDRESS   |                        |          | 2.3 STREET ADDRESS |                                       |                       |            |            |  |  |  |
| CITY-ST-ZIP  |                        |          | 2. 4 CITY-ST-ZIP   |                                       |                       |            |            |  |  |  |
| TITLE  |                        | ☐ DELETE | 3.1 TITLE          |                                       |                       | Change     | Addition   |  |  |  |
| NAME   |                        |          | 3.2 NAME           |                                       |                       |            |            |  |  |  |
| STREET ADORESS   |                        |          | 3.3 STREET ADDRESS |                                       |                       |            |            |  |  |  |
| CITY-ST-ZIP  |                        |          | 3.4. CITY-ST-ZIP   | - <u> </u>                            |                       |            |            |  |  |  |
| TITLE  |                        | DELETE   | 4.1 TITLE          | <b></b> _                             |                       | Change     | Acdition   |  |  |  |
| NAME   |                        |          | 4. 2 NAME          | 20                                    | 10002286<br>09/05/970 | 242        | ~~7        |  |  |  |
| STREET ADDRESS   | <b>:</b>               |          | 4.3 STREET ADDRESS |                                       | -09/05/97~-0          | J1111      | 050        |  |  |  |
| CITY-ST-ZIP  |                        |          | 4.4 CITY-ST-ZIP    | ·                                     | ****165.00            |            |            |  |  |  |
| TITLE  |                        | ☐ DELETE | 5.1 TITLE          |                                       |                       | ☐ Change   | Addition   |  |  |  |
| NAME   |                        |          | 5.2 NAME           |                                       |                       |            |            |  |  |  |
| STREET ADDRESS   |                        |          | 5.3 STREET ADDRESS |                                       |                       |            |            |  |  |  |
| CHTY-ST-ZIP  |                        |          | 5.4 CITY-ST-ZIP    |                                       |                       |            |            |  |  |  |
| TITLE  |                        | DELETE   | 61 TITLE           |                                       |                       | ☐ Change   | ☐ Addition |  |  |  |
| NAME   |                        |          | 62 NAME            | $f_{i}$                               | 11 1 1                |            |            |  |  |  |
| STREET ADDRESS   |                        |          | 6.3 STREET ADDRESS | []                                    | $M/\mathcal{O}$       |            |            |  |  |  |
| CITY-ST-ZIP  |                        |          | 6.4 CITY-ST-ZIP    | <u> </u>                              |                       |            |            |  |  |  |

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 trusted 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.

Law Offices

GEOFFREY M. WAYNE, P.A.

Suite 2702

Brickell Bay Office Tower

1001 Brickell Bay Drive Miami. Florida *33131-4940* 

> Telephone 305.381.8108 Facsimile 305.381.8109

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of counsel

ARNOLD L. PERLSTEIN

GEOFFREY M. WAYNE

August 25, 1997

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee FL 32302-1500

Re: Document # P96000072582 (5) - Mecke Corp.

Dear Sir or Madam:

Please be advised we are in receipt of a Second Notice for the Annual Report of the above-referenced corporation. Please note that neither the director of the corporation nor the registered agent ever received the First Notice. Upon receipt of this Second Notice, we immediately contacted your office and explained the foregoing. The person with whom we spoke suggested that we send a check for \$165.00 together with a letter explaining what had occurred. Enclosed please find a check in the amount of \$165.00 in payment of the Annual Report Filing Fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

GEOFFREY M. WAYNE, P.A.

In fildigen

Ana Siddiqui Legal Secretary

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