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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. M. ham'

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 1110 BRICKELL AVE. STE #805 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 26. Mailing Address 26. Mailing Address 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State 28. Country Country Country Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required Country 8. This corporation owes or has paid the current year Intangible	ł	MENT # P97000 MERLE, INC.	0074145 (8	3)) (88) (1886 1881 888 888 888
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City & State St	21				65-0184204	
City & State Crow & State Crow & State Crown & State C					5. Certificate of Status Desired	
Zip County Zip County 2					6 Floating Company Company	
Zip	23	•				
Name and Address of Current Registered Agent		Country	~ · · · · · · · · · · · · · · · · · · ·	Country	8. This corporation owes or has paid the	current year Intangible
MANDINA, PHILIP J ESQ.	24			30		
INTERPRETATION OF THE POWER OF			t Registered Agent		10. Name and Address of New Registe	red Agent
MAMI FL 33131				oi Name		
83				82 Street A	Address (P.O. Box Number is Not Acceptable)	
Pursuant to the provisions of Sections 607 (0.07 and 607 16.08, Florida Statulos, 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 Statulos, the above-named corporation's board of directors. Thereby accept the appointment as registered agent agent and accept the objections of Societies 607 (0.06, Florida Statulos). Signature Purpose of province inspired agent and the Purpotential Purpose of the appointment as registered agent agent and accept the appointment as registered agent agent and accept the appointment as registered agent	MN	WII FL 33 IS I		83		
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SIGNATURE Signature particul part	•			84 City		FL 85 Zip Code
TITLE	SIGNATURE	Signature, typed or punted name of requisiting age	ent and fire if applicable (N	NOTE Registered Agent signature r	required when reinstalling) DA	ŤE
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				6.3 STREET ADDRESS		

64 CITY-S1-ZIP

14. I 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 cover outside 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 many additional with a additional statutes.