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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092737 (0)

MERMI CORPORATION

FILED Jul 01 1998 8:00 am Secretary of State

INIENIVII CONFORMION									
Principal Place of Business Mailing Address						- I HADIIADI HIN ININI HADII ODIII DANICADIN BAKK (DIHD I	1 <b>0</b> 14 1 <b>0 0 0 0</b> 11	iji (BDI (KDI	
9030 SW 10 MIAMI FL 331	9030 SW 10 TERRACE MIAMI FL 33174				DO HOL WOLTE IN THE OD	105			
						DO NOT WRITE IN THIS SP.	AUE:		
						3. Date Incorporated or Qualified			
2 Principal P	lace of Business	2a. Mailing Address	···			10/28/1997 4. FEI Number		mlind Fax	
<del> </del>						EIN -65-0842703	I	oplied For of Applicable	
Suite, Apt.	Suite, Apt. #, etc.	ite. Apt. #. etc.					Additional		
22 27						5. Certificate of Status Desired		equired	
City & State	0	City & State				6. Election Campaign Financing	\$5.00	May Bo	
23		28				Trust Fund Contribution	Added t		
Zip				intry	or this corporation office or may ball the campit four intalights				
24	25	29	30			Personal Properly Tax due June 30.	Yes L	lo	
	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Address of New Registered Ag	ent		
CORZO, MIGUEL A					Name			,	
9030 <b>\$W</b> 10 TERRACE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MI/	AMI FL 33174					7744			
	•			83					
,	•			84	City	FL	<b>85</b> Zip (	Code	
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								s registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered ag	ord and this if must call in (NV	UF: Parietore	d Agos	t eigesture require	od whon reinstating) DATE			
12.	<del></del>	D DIRECTORS	13.	U Agent	a signature require	ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	IS IN 12	
TITLE !	D	DELETE 1.11		1LF			Change	Addition	
NAME	CORZO, MIGUEL A		12 N	12 NAME					
STREET ADDRESS	9030 SW 10 TERRACE	1.3 ST		TREE 1 A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174	1.40		ITY-S1-	- ZIP				
TeTLE		DELETE 2		1LF		L	Change	Addition	
NAME		2.2		AME				[	
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CITY-ST-ZIP			2.40	11Y - ST	-7(P				
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NAME			3.2 N	AME				į	
STREET ADDRESS			3.3 \$	TREET A	ADDRESS				
CITY+ST-ZIP			3.4 0	ITY-ST	- 710				
TITLE		DELETE	4.1 TI	TLE			Change	Addition	
NAME			4.2 N	<b>IAME</b>					
STREET ADDRESS			4.3 \$	TAEET A	nddress				
CITY-ST-ZIP			4.4 C	TY-ST	ZIP	ak_			
TITLE		☐ DELETE	5.1 TI	TI E		V V JSO I	Change	Addition	
NAME			5.2 N	AME	[	, -		-	
STREET ADDRESS			5.3 \$1	IREET A	JOORESS			Į	
CITY - ST - ZIP			5.4 C	ny si	- ZIP		_		
TITLE		DITETE	6.1 Th	TL F	İ		Change	☐ Addition	
NAME			6.2 N	4ME		<b>4000</b> 0257867 -07/02/9801021019	4		
STREET ADDRESS			6351	IREET A	DURESS				
CITY-ST-ZIP			6.4 C	TY-ST-	ZIP	***150.00			

14. Thereby 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 suppliemental 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 chapter 607, or on an attachment with an address.

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