Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90012 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000022876

1. Corporation Name

MERIDIAN DOCUMENT PREPARATION, INC.									
Principal Place	a of Rusiness	Mailing Address	_				- 1 18011601 110 10181 10111 00111 00111 001	10 11010 H H H H H H H H H H H H H H H H	10010 0111 1601
6808 SW 89 COURT 6808 SW 89 COURT MIAMI FL 33173 MIAMI FL 33173							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	0.7.02	_
							03/11/1998		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ar	oplied For
21 26 26							65-0859124	⊢	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	•	Additional equired
22 27 City & State City & State				6. Election Campaign Financing \$5.0			\$5.00	May Be	
23 28				Trust Fund Contribution					to Fees
Zip				Country			g. This corporation owes the current year	ntangible	- /
24	25 29 30			Personal Property Tax.				No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registere	d Agent	7
				81	Name				
ZULUETA, VIVIAN L				82	Ctroot	Addro	ss (P.O. Box Number is Not Acceptable)		
6808 SW 89 COURT				82	Sueer	Addres	ss (F.O. Box Number is Not Acceptable)		
MIAMI FL 33173				83					
			Į					- los Tin	Code
				84	City		F	L 85 Zip (Code
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 Storetor professor professor or profes									
	Signature, typed or printed name of registered ager			Ageni	t signature	required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS AND DIRECTORS 13. PVST DELETE 1.11			I.F.		Τ	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	1 401			1.2 NAME					
NAME	ZOCOZINI, VIVINI E			1.3 STREET ADDRESS			,		
STREET ADDRESS	0000 077 00 000111			1.4 CITY-ST-ZIP					1
CITY-ST-ZIP					-212			Change	Addition
TITLE				2.2 NAME					
NAME	ZOCOZIII, WWW.L			2.3 STREET ADDRESS					
STREET ADDRESS				2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE				3.1 TITLE			-	☐ Change	- Addition
NAME	-			3.2 NAME					
STREET ADDRESS			•		ADDRESS	1)
				3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE				4.1 TITLE				Change	Addition
NAME		-	4. 2 NA	MÉ					
STREET ADDRESS					ADDRESS	1			
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	5.1 TIT					Change	☐ Addition
NAME			5.2 NA				•		
STREET ADDRESS			5.3 STI	REET	ADDRESS	1			}
CITY-ST-ZIP 5.4 CIT				Y-ST	-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 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 attactment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Addition