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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000027210 1. Corporation Name MEROSCUATES CORP.

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 045 \*\*\*158.75

MEROSCUATES CORP.						:0): 00): ( <b>33</b> )
Principal Place	of Business	Mailing Address			#HD	
777 BRICKELL	AVE	777 BRICKELL AVE				
STE 1170 STE 1170				DO NOT WOLTE IN T	UD OBACE	
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN TH	IIS SPACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>03/24/1998</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
26			EIN- 65-0822086		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Ac	I .
22						
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	)	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Register	ed Agent	
	ne was et b		81 Name			
FERDIE, AINSLEE R 717 PONCE DE LEON BLVD			82 Street A	Address (P.O. Box Number is Not Acceptable)		
STE 215			83			
CORAL GABLES FL 33134						
			84 City	F	85 Zip C	ode
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	, the above-named on norized by the corporal a Statutes.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	URRUELA A., JUAN F		1.2 NAME			
STREET ADDRESS	777 BRICKELL AVE, STE 1170		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CfTY-ST-ZiP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	FERNANDEZ W., JUAN GERAR	DO	2.2 NAME	ļ	*	ļ
STREET ADDRESS	777 BRICKELL AVE, STE 1170		2.3 STREET ADDRESS		uer word, progress	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE		□ DELETE	3.2 NAME	•	-۱۰۰۰، وح	
NAME	• •		3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP	·		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		—	4. 2 NAME			. }
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		. Change	☐ Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS		•	

CITY-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 appetite 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 appears in the corporation 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 appears in the corporation of the corporati

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TURN AUUM Q GAAN L

☐ DELETE

911 11/44 (308) -374-05 Daytime Phone #

Change

☐ Addition