


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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 015 ***150.00
09-23-1999 90002 020 ***408.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000034987

1. Corporation Name

MERIDIAN MOTOR CORPORATION

Principal Place of Business 15421 W. Dixie Hwy Bay #3 No. Miami Beach, FL 33162	Mailing Address 15421 W. Dixie Hwy. Bay #3 No. Miami Beach, FL 33162
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8/9/99 90002 015 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0832762	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUCIOW, RUBEN 15421 W. Dixie Hwy Bay #3 No. Miami Beach, FL 33162	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reconstituting)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	D <input type="checkbox"/> DELETE			
NAME	RODRIGUEZ, JUAN PABLO			
STREET ADDRESS	15421 W. Dixie Hwy., Bay #3			
CITY-ST-ZIP	No. Miami Beach, FL 33162			
TITLE	D <input type="checkbox"/> DELETE			
NAME	LUCIOW, RUBEN			
STREET ADDRESS	15421 W. Dixie Hwy., Bay #3			
CITY-ST-ZIP	No. Miami Beach, FL 33162			
TITLE	<input type="checkbox"/> DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME				
6.3 STREET ADDRESS				
6.4 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)(j), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben Lucio, Vice-President 07/31/99 (305) 940-7771

Date

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