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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: A



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000047681 1. Corporation Name MERLENE PROFESSIONAL SERVICES, HE

May 17, 1999 8:00 am Secretary of State

05-17-1999 90040 029 ***150.00

Principal Place of Business 1885 WEST 56TH S	Mailing Address				
MIZLEZH, FL 330	12		DO NOT WENT	TE IN THE COACE	
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			3. Date Incorporated or Qualifed MZY 2-8/98		
Principal Place of Business	2a. Mailing Address		4. FEI Number	/ A	pplied For
i	26		4. FEI Number 65-08 3.868 (ot Applicable
Suile, Apt. #, etc.	Suite, Apt. #, etc.				Additional
1	27		5. Certifcate of Status Desired	Fee R	equired
City & State	City & State		Election Campaign Financing Trust Fund Contribution	1 1 4	May Be to Fees
Zip Country	Zip	Country	8. This corporation owes the curre	ent year Intangible	
25	29 3	o	Personal Property Tax.	Yes	M
	Current Registered Agent	<u> </u>	10. Name and Address of New R	tegistered Agent	<i>V</i>
DEL CASTILLO, MER	LENE LOPEZ	81 Name			
9. Name and Address of DEL COSTILLO, MER 1885 WEST 66TH	STREET, APTL #20	82 Street Add	ress (P.O. Box Number is Not Accepta	able)	
HIZLEAH, FL3901	2	83			· · · · · · · · · · · · · · · · · · ·
,,,===,,,,.		03			
		84 City		85 Zip	Code
				FL ~	. registered
 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the 	e State of Florida. Such change was autt	, the above-named corp horized by the corporati	poration submits this statement for the ion's board of directors. I hereby accep	ot the appointment as r	egistered
agent. I am familiar with, and accept the	e obligations of, Section 607.0505, Florid	la Statutes.			
IGNATURE	e obligations of, Section 607.0505, Florid	la Statutes.			
IGNATURE Signature, typed or printed name of regis	e obligations of, Section 607.0505, Florid stered agent and title if applicable. (NOTE: R.	la Statutes. Legistered Agent signature require		DATE	ODE IN 12
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