

## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000072526

MERITER	RS CORP.								
Delpained Place	of Dusiness	Mailing Address	_			- I EUDIEJJSF 130 NOSOTI JUENE OBERE DOTTE BOTEL	TIII I <b>igio</b> io <b>to</b> i diffi	FILDER DIES FORT	
Principal Place of Business Mailing Address 6150 WEST 24TH COURT SUITE 108 6150 WEST 24TH COURT SUITE 1				ne.					
HIALEAH FL 33016 HIALEAH FL 33016				•		DO NOT WRITE IN THIS SPACE			
J						3. Date incorporated or Qualifed	MIS SPACE		7
						08/19/1998			1
2. Principal Place of Business 2a. Mailing Address						4 FFI Number	Ar	oplied For	1
2. Frincipal Pi	INCO OF DUSINESS	26				APPLIED FOR		ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6, Election Campaign Financing	\$5.00	May Be	1-
23		<b>├</b> ─ '	28			Trust Fund Contribution Added to Fees			1
Zip				intry		8. This corporation owes the current year Intangible			
24	25 29		30	30		Personal Property Tax.	Yes	□No	1
	9. Name and Address of Current	Registered Agent		L		10. Name and Address of New Registe	red Agent		4
500	ADIO MANDA			B1 N	iame				
ROSARIO, MAYRA 6157 WEST 26TH COURT			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		<u> </u>	]	
HIAL	EAH FL 33016			83	<u>-</u>				1
				84 C	ity	<u> </u>	85 Zip	Code	1
<b></b>	607.0500	607 4600 FI-440 FI-4	the the e	have o	amad corpo	at the state was for the surrough	a of changing its	registered	1
office or n agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida, Such change was ions of, Section 607.0505, F	authorized lorida Stat	d by the tutes.	corporation	ration submits this statement for the purposition should of directors. I heraby accept the ap	pointment as re	gister <del>e</del> d	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered	i Agent sig	nature required t	when reinstating) DATE	<i>-</i>		] ;
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		)RS IN 12	1 :
TITLE	DP	☐ DELETE	1,1 🎞	M.E			Change	Addition	;
NAME				MME					13
STREET ADDRESS	STREET ADDRESS 6150 WEST 24TH COURT SUITE 108 13			TREET AD	DRESS				Į į
CITY-ST-ZIP	HIALEAH FL 33016			1TY+ST+Z1	Р				13
TITLE	DV	☐ DELETE	2.1 17	M.E			Change	☐ Addition	`
NAME	RODRIGUEZ, JOSE A		22 N	AME					
STREET ADDRESS	CARRETERA MELLA NO. 197		235	TREET AD	DRESS				l
CITY-ST-ZIP	SANTO DOMINGO, DOMIN. REF		2.40	HY-ST-Z	P			TTT & delitera	-
TITLE		☐ DELETÉ	3.17	MLE	1		Change	Addition	1
NAME			3.2 N	AME	_				<b> </b>
STREET ADDRESS	)		3.35	TREET AD	ORESS ·				
CITY-ST, ZIP	<u> </u>			ATV-ST-Z	<del>  </del>		Change	☐ Addition	┨
TITLE		☐ DELETE	4.1 17		- 1		Cuarge		
NAME			1	WHE	1				
STREET ADDRESS				TREET AD	1.				1
CITY-ST-ZIP				ITY-ST-ZI	P		[] (han	Addition	┨
TITLE		☐ DELETE	5.1 11		Ì		Change		
NAME			52N		1				
STREET ADDRESS				TREET AD	1				
CITY-ST-ZIP				ITY-ST-ZI	P			Addis:-	1
TILE		☐ DELETE	6.1 T	MLE	ŀ		Change	☐ Addition	1

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 path; that I am an officer or director of the coperation 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 the figed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CITY-ST-ZIP

B.3 STREET ADDRESS

8.4 CITY-ST-ZIP

NAME

STREET ADDRESS

**FILED** 

May 07, 1999 8:00 am Secretary of State

≣ :::

05-07-1999 90149 023 \*\*\*150.00