

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

0199-006

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR 30 PM 3: 59

DOCUMENT # P98000088073

1. Corporation Name  
**MERRICK MANAGEMENT, INC.**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 343 ALMERIA AVENUE CORAL GABLES FL 33134  
Mailing Address: 343 ALMERIA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1998  
4. FEI Number: [ ] Applied For Not Applicable [X]  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No  
10. Name and Address of New Registered Agent

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent  
**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name: Spiegel & Utrera, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue  
83  
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: *Natalia Utrera*  
Signature, typed name of registered agent: **Natalia Utrera, Vice-President**

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	Sanchez, Elsie	12 NAME	
STREET ADDRESS	343 Almeria Avenue	13 STREET ADDRESS	8000002868298--9
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY-ST-ZIP	-05/07/99--01139--024
TITLE		21 TITLE	****150.00 [ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

8000002868298--9  
-05/07/99--01139--024  
\*\*\*\*150.00 [ ] Change [ ] Addition

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 attachment with an address, with all other like empowered

SIGNATURE: *Elsie Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

CR2E034 (11/98)

*Handwritten initials and date*