**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # DOCOCOCO

## FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90029 028 \*\*\*158.75

1. Corporation		10089097					
MERLYN	i enterprises, inc.				O CONTINUE FOR FOREIGN AND ARREST SERVICE AND ARREST ARRES	ON LOCKE ANGLE MARKE (	an dan dan
Principal Place	e of Business	Mailing Address				Di SUMA FAMA ANDE A	#1() 108/ 108/
1207 WEST 44TH PLACE 1207 WEST 44TH PLACE		ACE		(			
HIALEAH FL 33012 HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IS SPACE_	
					10/21/1998		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	App	olied For	
21 26		26			65-0873730		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		= 5.= Certificate of Status Desired = -2	\$8.75 A	dditional
22		27					
City & State		— ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28 Zip	Cou	intru	Trust Fund Contribution  8. This corporation owes the current year in		
Zip	25	29	30		Personal Property Tax.		□N6 ·
24	9. Name and Address of Cur				10. Name and Address of New Registers	d Agent	
	J. 1			81 Name		_	1
l .	EZ, JUAN C			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
353 WEST 59TH STREET							
HIALEAH FL 33012				83	·		1
	. •		•	84 City		85 Zip C	ode
					F	La l' l	majetored
11, Pursuant	to the provisions of Sections 607.1 registered agent, or both, in the St.	0502 and 607.1508, Florida \$ ate of Florida, Such change v	Statutes, the al was authorized	bove-named con i by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as reg	istered
1	on familiar with, and accent the oh	ligations of Section 607 050	E Elacida Clab				
agent. i a	in lamilar with the doorpr the oc	ingations of, Section Cor. Coo.	o, riunua suu	ules.			· J
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered			Agent signature requin			
,	Signature, typed or printed name of registered	agent and title if epplicable.	(NOTE: Registered	Agent signature requin	ad when rematating) DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE: Registered	Agent signature requin	ad when rematating) DATE	AND DIRECTOR	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered OFFICERS PD PEREZ, JUAN C	agent and title if applicable. AND DIRECTORS	(NOTE: Registered 13. TE 1.1 刊 12 M	Agent signature requin	ad when rematating) DATE	AND DIRECTOR	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered OFFICERS PD PEREZ, JUAN C	agent and little if applicable. AND DIRECTORS DELE	(NOTE: Registered 13. TE 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	Agent signature requir TLE NME TREET ADDRESS TY-ST-ZP	ad when rematating) DATE	AND DIRECTOR  Chiange	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD	agent and little if applicable. AND DIRECTORS DELE	(NOTE: Registered 13. TE 1.1 TI 1.2 NV 1.3 ST 1.4 CI TE 2.1 TI	Agent Eignebure requin TLE AME TREET ADDRESS TY-ST-ZP	ad when rematating) DATE	AND DIRECTOR	RS IN 12
SIGNATURE  12.  ITILE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE	agent and little if applicable. AND DIRECTORS DELE	(NOYE: Registered 13. TE 1.1 TI 12 N 1.3 ST 1.4 CT TE 2.1 TI 2.2 N	Agent Eignebure requin TLE MAE TREET ADDRESS TY-ST-ZIP TLE	ad when rematating) DATE	AND DIRECTOR  Chiange	R2E034 (11/98)
SIGNATURE  12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and little if applicable. AND DIRECTORS DELE	(NOTE: Registered 13 TE 1.1 TI 12 N 1.3 ST 14 CT TE 2.1 TI 22 N 23 ST	Agent Eignebure requin TLE MAE TREET ADDRESS TY'-ST-ZIP TLE MAE REET ADDRESS	ad when rematating) DATE	AND DIRECTOR  Chiange	R2E034 (11/98)
SIGNATURE  12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE	agent and bite if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TI 12 NM 1.3 ST 14 CT TE 2.1 TI 22 NM 23 ST 2.4 CT	Agent Eignebure requin	ad when rematating) DATE	AND DIRECTOR  Chiange	R2E034 (11/98)
SIGNATURE  12.  TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and little if applicable. AND DIRECTORS DELE	(NOTE: Registered 13 TE 1.1 TI 12 N 13 ST 14 CT TE 2.1 TI 22 N 23 ST 2.4 CT	Agent Eignebure requining TLE MAE TREET ADDRESS TY'-ST-ZIP TLE MAE TREET ADDRESS TY'-ST-ZIP TLE TREET ADDRESS	ad when rematating) DATE	AND DIRECTOR Change	RS IN 12 Addition CASE
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and bite if applicable.  AND DIRECTORS  DELE	(NOTE: Registered	Agent Eignebure requining TLE MAE TREET ADDRESS TY'-ST-ZIP TLE MAE TREET ADDRESS TY'-ST-ZIP TLE TREET ADDRESS	ad when rematating) DATE	AND DIRECTOR Change	RS IN 12 Addition CASE
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and bite if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TI 12 NM 1.3 ST 14 CC TE 2.1 TI 22 NM 23 ST 2.4 CC 3.1 TI 32 NM 33 ST	Agent signature requinities TLE MAE TREET ADDRESS TY-ST-ZIP TLE MAE TREET ADDRESS TY-ST-ZIP TLE LE MAE TREET ADDRESS	ad when rematating) DATE	AND DIRECTOR Change	RS IN 12 Addition CASE
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and bite if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TT 12 NN 13 ST 14 CT 22 NN 23 ST 2.4 CT 32 NN 33 ST 34. CT 34. CT	Agent signature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition CASE
SIGNATURE  12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET	agent and title if explicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TT 12 NN 13 ST 14 CT 22 NN 23 ST 2.4 CT 32 NN 33 ST 34. CT 34. CT	Agent signature requining the second	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change  Change	RS IN 12  RS IN 12  Addition  Addition  CKSE034  Addition
SIGNATURE  12.  ITILE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if explicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TT 12NN 1.3 ST 14 CT 12NN 1.3 ST 14 CT 12NN 1.3 ST 1.4 CT 12NN 1.3 ST 1.4 CT 1.5 ST 1.5 ST 1.4 CT 1.5 ST 1	Agent signature requining the second	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change  Change	RS IN 12  RS IN 12  Addition  Addition  CKSE034  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TH 12 NW 1.3 ST 1.4 Cf TE 2.1 TH 22 NW 2.3 ST 2.4 Cf 3.1 TH 3.2 NW 3.3 ST 3.4 .C 4.1 TH 4.2 NW 4.3 ST 4.4 Cf	Agent bigneture requin	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if explicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TH 12 NW 1.3 ST 1.4 CT 12 2.1 TH 2.2 NN 2.3 ST 2.4 CT 3.1 TH 3.3 ST 3.4 CT 4.2 N 4.3 ST 4.4 CT TE 5.1 TH	Agent bignature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change  Change	RS IN 12  RS IN 12  Addition  Addition  CKSE034  Addition
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TH 12 NW 1.3 ST 1.4 CT 12 2.1 TH 2.2 NN 2.3 ST 2.4 CT 3.1 TH 3.3 ST 3.4 CT 4.2 N 4.3 ST 4.4 CT TE 5.1 TH 5.2 NM	Agent bignature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if applicable.  AND DIRECTORS  DELE	(NOTE: Registered 13. TE 1.1 TH 12 NW 1.3 ST 1.4 CT 12 2.1 TH 2.2 NN 2.3 ST 2.4 CT 3.1 TH 3.3 ST 4.4 CT 1.5 2 NM 4.3 ST 4.4 CT 1.5 2 NM 5.3 ST	Agent bignature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and bite if applicable.  AND DIRECTORS  DELE  DELE	(NOTE: Registered  13. TE 1.1 TH 12 NW 1.3 ST 14 CT 22 NM 22 ST 24 CT 32 NM 33 ST 34 CT 4.2 NM 4.3 ST 4.4 CT TE 5.1 TH 5.2 NM 5.3 ST 5.4 CT	Agent signature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and title if applicable.  AND DIRECTORS  DELE	(NOTE: Registered  13. TE 1.1 TT  12.NW 1.3 ST  4.4 CT  2.2 NM 2.3 ST  2.4 CT  3.2 NW 3.3 ST  4.1 TT  4.2 NM 4.3 ST  4.4 CT  5.2 NM 5.3 ST  5.4 CT  6.1 TT  6.1 TT	Agent signature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and bite if applicable.  AND DIRECTORS  DELE  DELE	(NOTE: Registered  13. TE 1.1 TH 12 NW 1.3 ST 14 Cf 12 2.1 TH 22 NN 23 ST 2.4 Cf 3.1 TH 3.3 NN 3.3 ST 3.4 Cf 1E	Agent bigrature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS PD PEREZ, JUAN C 353 WEST 59TH STREET HIALEAH FL 33012 STD PEREZ, MARLENE 353 WEST 59TH STREET HIALEAH FL 33012	agent and bite if applicable.  AND DIRECTORS  DELE  DELE	(NOTE: Registered  13. TE 1.1 TH 12.NW 1.3 ST 14.CT 22.NM 22.ST 2.4 CC 3.1 TH 3.2 NM 3.3 ST 3.4 CC TE 4.1 TH 4.2 NM 4.3 ST 4.4 CC TE 5.1 TH 5.2 NM 5.3 ST 5.4 CC TE 6.1 TH 6.2 NM 6.3 ST	Agent signature requining the control of the contro	ed when remetating) BATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change Change Change	RS IN 12  RS IN 12  Addition  Addition  Addition  Addition

Increasy certify that the information supplied with this filing coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I furner 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 are 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.