

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
 Stanley D. Markham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S25411 (7)

1. Corporation Name

M.E.H. CORP.



Principal Place of Business

Mailing Address

**P.O. BOX 403303
MIAMI BEACH FL 33140**

**P.O. BOX 403303
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HERSKOWITZ, MARK E.
3470 CHASE AVE
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified

01/16/1991

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0232301

Applied For
Not Applicable

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 has liability for intangible tax under s. 191.03, Florida Statutes.

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0902 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 607.0903, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 D
NAME: **HERSKOWITZ, MARK E.**
STREET ADDRESS: **3470 CHASE AVE.**
CITY, ST, ZIP: **MIAMI BCH., FL 33140**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Add

1 D
NAME: **HERSKOWITZ, BARBARA**
STREET ADDRESS: **4205 MERIDIAN AVE.**
CITY, ST, ZIP: **MIAMI BEACH, FL 33140**

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SIGNATURE:

Barbara Herskowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

673-9300

CR2E034 (3/96)