

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V27735** (2)

1. Corporation Name
TYLER MERRIN MOLIERE CO.



Principal Place of Business: **752 NW 7TH ST. ROAD MIAMI FL 33136**
Mailing Address: **752 NW 7TH ST. ROAD MIAMI FL 33136**

3. Date Incorporated or Qualified: **04/10/1992** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0322898** 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. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent: **GREENFIELD, ARNOLD M. 752 NW 7TH ST. ROAD MIAMI FL 33136**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **20 Feb 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, ARNOLD M.	1.2 NAME	
STREET ADDRESS	752 NW 7TH ST. ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, RUTH W	2.2 NAME	
STREET ADDRESS	752 NW 7TH ST. ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, CHARLES D.	3.2 NAME	
STREET ADDRESS	901 NW NORTH RIVER DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	GREE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NFIELD-MANNING, PRISCILLA	4.2 NAME	
STREET ADDRESS	901 NW N RIVER DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition thereto with an address.

SIGNATURE: *[Signature]* DATE: **20 Feb 96** 305-324-7053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Arnold M. Greenfield** DATED: _____

CR2E034 (12/95)