

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V42466** (5)

1. Corporation Name

MEETING DESIGN PLANNERS, INC.



Principal Place of Business

Mailing Address

~~8526 SW 20TH TER~~
~~MIAMI FL 33155~~

~~8525 SW 20TH TER~~
~~MIAMI FL 33155~~

2. Principal Place of Business

2a. Mailing Address

21 **8600 SW 120th St.**

26 **8600 SW 120th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State **Miami, FL 33156**

27 City & State **Miami, FL 33156**

23 Zip **Dade**

28 Zip **Dade**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0352248

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$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

WILD, ESTELLE

8525 SW 20TH TER
MIAMI FL 33155

8600 SW 120 Street
Miami FL 33156

81 Name

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

83

84 City

FL 85 Zip Code

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

SIGNATURE

Signature based on public information of registered agent or director

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
	PS			
	WILD, ESTELLE			
	8525 SW 20TH TER	8600 SW 120th St.		
	MIAMI FL 33155	MIAMI FL 33156		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change ☐ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	☐ Change ☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	☐ Change ☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP	☐ Change ☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	☐ Change ☐ Addition
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY - ST - ZIP	☐ Change ☐ Addition
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY - ST - ZIP	☐ Change ☐ Addition

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-08/09/96--01021--028

*****225.00**

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 attachment with an address.

SIGNATURE:

Estelle Wild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

(305)

234-0054

Daytime Phone #

CR2E034 (12/95)