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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V55397**

1. Corporation						
MERLYN	I INSURANCE AGENCY E	ENTERPRISES, CORP.				
	•			<u> </u>	ÊN BIBN BIBN BIBN BIBN	
Principal Place	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,		
765 W 16 ST		765 W 16 ST				
HIALEAH FL 33 US		HIALEAH FL 33010 US		DO NOT WRITE IN T	HIS SPACE	
03	å	03		3. Date Incorporated or Qualifed	III OF ACE	
				08/05/1992		ļ
2. Principal P	lace of Business	2a, Mailing Address	<del></del>	4, FEI Number	Applie	d For
21		26		65-0373234	~~~ <u>~~</u>	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Addi	
22		27		5, Certifcate of Status Desired	Fee Requi	
City & Stat	e	City & State		6, Election Campaign Financing	\$5.00 Ma	v Be
23	·	28		Trust Fund Contribution	Added to F	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29 3		Personal Property Tax.	☐ Yes ☐	No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent	
עב נ	DAT MOISES		81 Naprey	JARIA De Paz Cr	PShA	
DE PAZ, MOISES 790 W 27 ST			82 Street Add	dress (P.O. Box Number Is Not Acarptable)	<u> </u>	—
HIALEAH FL 33010			<u> </u>	65 West 162		
HIAL	EAN PL 33010	1	83	Vialents.		
			84 City	7/0000	85 Zip Cod	e 22
			1 1		·L     コン/	2/2
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	the above-named cor	rporation submits this statement for the purposition's board of directors I hereby accept the ap	of changing its reg	istered
agent. I a	m familiar with, and ecept the ob	ligations of, Section 607.0505, Florid	la Statutes.	$\sim 1/(c_0)$	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SIGNATURE	_ MIM al			1000000000	4-15-47	
	Signature, typed or printed name of registered		legistered Agent signature requir			131.40
12.	PTD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS		Addition
NAME .	DE PAZ, MOISES		176	resident 10 popular	A	
	765 W 27TH ST	•		AARA DA PAALKESDA		
STREET ADDRESS		•		naria de raquissão		\
OTT		•	1,3 STREET ADDRESS	naria de la acrespo 765, west 16 a 2001	<b>^</b>	
CITY-ST-ZIP	HIALEAH FL 33010	□ DELETE	1.3 STREET ADDRESS T	naria de raquissão	Change	Addition
TITLE	HIALEAH FL 33010 VSD	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	naria de raquissão	)、 ☐ Change [	Addition
TITLE NAME	HIALEAH FL 33010 VSD DE PAZ, MARIA	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	naria de raquissão	Change [	Addition
TITLE NAME STREET ADDRESS	VSD DE PAZ, MARIA 790 W 27 ST	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	naria de raquissão	Ohange [	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	HIALEAH FL 33010 VSD DE PAZ, MARIA		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	naria de raquissão		Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	VSD DE PAZ, MARIA 790 W 27 ST	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	naria de raquissão		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	VSD DE PAZ, MARIA 790 W 27 ST		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	naria de raquissão		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	VSD DE PAZ, MARIA 790 W 27 ST		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	naria de raquissão		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VSD DE PAZ, MARIA 790 W 27 ST	□ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	naria de raquissão	☐ Change [	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: