

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005000 (3)

1. Corporation Name
MERCURY CAPITAL CORP.



Principal Place of Business: **317 MADISON AVE #1100 NEW YORK NY 10017**
Mailing Address: **317 MADISON AVE #1100 NEW YORK NY 10017**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/13/1995		N/A
4.	FED Number	Applied for	
	11-2928080	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BENNETT, JOSH N ESQ
200 S BISCAYNE BLVD #1050
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1405, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCPV	<input type="checkbox"/> DELETE
NAME	MESHEL, JEFFREY	
STREET ADDRESS	317 MADISON AVE #1100	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	DCST	<input type="checkbox"/> DELETE
NAME	GLEITMAN, MARC P	
STREET ADDRESS	317 MADISON AVE #1100	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE	
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-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 president 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 in an attachment with an affidavit.

SIGNATURE: DATE: 3/14/96 TELEPHONE: 212-661-8900

CR2E034 (12/95)