

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

APPROVED AND FILED

1995 MAR 22

DOCUMENT # **P95000080835 (8)**

1. Corporation Name
LA'MERCIE INTERNATIONAL INC.



Principal Place of Business: **1405 NORTHWEST 203 STREET MIAMI FL 33169**
Mailing Address: **1405 NORTHWEST 203 STREET MIAMI FL 33169**

3. Date Incorporated or Qualified: **10/18/1995**
3a. Date of Last Report

2. Principal Place of Business
21 ~~1442~~ **NW 207 ST.**
22 **1441 NW 207 ST**
23 **MIAMI FL**
24 **33169** 25 **USA**
2a. Mailing Address
26 ~~1442~~ **NW 207 ST.**
27 **1441 NW 207 ST**
28 **MIAMI FL**
29 **33169** 30 **USA**

4. FEI Number: **65-064-8206**
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

9. Name and Address of Current Registered Agent
**MOBLEY, DWIGHT K
1405 NORTHWEST 203 STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent
81 Name: **PATRICK L. PIERRE**
82 Street Address (P.O. Box Number is Not Acceptable): **1441 NW 207 ST**
83
84 City: **MIAMI** FL 85 Zip Code: **33169**

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 607.0505, Florida Statutes.

SIGNATURE: **Patrick L. Pierre** DATE: **3/12/96**
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	President/Secretary (PS/D) <input type="checkbox"/> DELETE
NAME	Patrick L. Pierre
STREET ADDRESS	1441 NW 207 ST
CITY-STATE-ZIP	MIAMI FL 33169
TITLE	V. President (VP/D) <input type="checkbox"/> DELETE
NAME	Yves P. Mandice
STREET ADDRESS	1441 NW 207 ST
CITY-STATE-ZIP	MIAMI FL 33169
TITLE	Treasurer (T/D) <input type="checkbox"/> DELETE
NAME	ADRIENNE A. ARINAH
STREET ADDRESS	3828 SW 70 ave
CITY-STATE-ZIP	MIRAMONTE, FL 33023
TITLE	MANAGING (M) <input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	DeBRA G. CLEMENTS
CITY-STATE-ZIP	1441 NW 207 MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

600001747736
03/18/96=01113-012
***208.75 ***208.75

SCC 3-18-96

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: **Patrick L. Pierre** DATE: **3/12/96** (305) 633-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (12/95)