FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 345651 1. Corporation Name

MERCE LAND CO., INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90065 033 ***150.00

Principal Place	of Business	Mailing Address	·		TE ALLAN 1681 SEBEL BINN ALBIA DINEN ALBIA DININ CAN
2650 COUNTRY		2650 COUNTRY CLUB PRAC	00		
CORAL GABELS	FL 33134	CORAL GABELS FL 33134			
					VRITE IN THIS SPACE
				 Date Incorporated or Quality 05/05/1969 	ied
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1304678	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financi	ng \$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the	
24	25	29	30	Personal Property Tax.	Yes No
1	9. Name and Address of Current	t Registered Agent		10. Name and Address of Ne	w Registered Agent
	DELLIO MEDOEDEO		81 Name		•
	RELLAS, MERCEDES		82 Street A	ddress (P.O. Box Number is Not Acc	eptable)
	SUNSET DR.		14	307 SW 100	Lane
\	A-252		83		
MIAM	II FL 33173		84 City	_	85 Zip Code
				Miami	FL 33 86
11. Pursuant to	o the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the above-named o	orporation submits this statement for	the purpose of changing its registered
l office or re	gistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the corpor	ation's board of directors. I hereby ac	cept the appointment as registered
	Training With, and dooopt the obligat	acid of Cockett by the out the	100 40		
SIGNATURE :	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature req		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change
NAME	ESTARELLAS, JESUS		1.2 NAME		
STREET ADDRESS	9485 SUNSET DR., SUITE A-25				ANP.
CITY-ST-ZIP	MIAMI FL	52	1.3 STREET ADDRESS	14307 SW 100 L	ario .
TITLE		52	9	14307 SW 100 L Miami, FL 33	186
I I	SD	DELETE	9	· · · · · · · · · · · · · · · · · · ·	186
NAME	SD ESTARELLAS.MERCEDES		1.4 CITY-ST-ZIP	Miami, FL 33	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1 !	ESTARELLAS,MERCEDES	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Miami, FL 33	186 □XChange □ Addition
STREET ADDRESS	ESTARELLAS,MERCEDES 9485 SUNSET DR., SUITE A-25	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Miami, FL 33	186 □XChange □ Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: