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2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am 345651 **DOCUMENT # Secretary of State** 1. Entity Name 03-25-2002 90004 035 ***150.00 MERCE LAND CO., INC. Principal Place of Business Mailing Address 2650 COUNTRY CLUB PRADO 2650 COUNTRY CLUB PRADO CORAL GABELS FL 33134 CORAL GABELS FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1304678 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESTARELLAS, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 14307 SW 100 LANE MIAMI FL 33186 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Addition **ESTARELLAS, JESUS** NAME NAME STREET ADDRESS 14307 SW 100 LANE STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition **ESTARELLAS.MERCEDES** 14307 SW 100 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY~ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

Tesus Estare LLAS-3/11/02.

13. Thereby 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 report or supplemental 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 11 or Block 12 if