

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 # 469796

1. Corporation Name

MERCHANTS EXPORT, INC.

Principal Place of Business

200 DR. MARTIN LUTHER KING JR. BLVD.
RIVIERA BEACH FL 33404-7506

Mailing Address

200 DR. MARTIN LUTHER KING JR. BLVD.
RIVIERA BEACH FL 33404-7506

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

28

24 Zip Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

COLLIER, MARIA
1240 N.OCEAN WAY
PALM BCH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE CEO
NAME AMENGUAL, ISABEL
STREET ADDRESS 66 BOURNE FIELD
CITY-ST-ZIP ST. THOMAS V.

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE P
NAME COLLIER, TERRY
STREET ADDRESS 1240 N.OCEAN WAY
CITY-ST-ZIP PALM BCH. FL

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE S
NAME COLLIER, MARIA
STREET ADDRESS 1240 N OCEAN WAY
CITY-ST-ZIP PALM BCH. FL 00000

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

TITLE V
NAME ULLIAN, JEFFREY E.
STREET ADDRESS 436 LOS ALTOS DR.
CITY-ST-ZIP PALM SPRINGS FL

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Maria M. Collier, Secretary

561-844-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)