FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-195

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

APPROVED AND FILED
95 MAY -1 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 566205 (1)

1. Corporation Name
MERCANTILE INTERNATIONAL CORPORATION, INC.

Principal Place of Business	Mailing Address
8440 NW 57TH ST. FORT LAUDERDALE FL 33351-4344	8440 NW 57TH ST. FORT LAUDERDALE FL 33351-4344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1978
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2031649 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUCHLER, KENNETH
8400 NW 57TH ST.
FT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 10 Central Parkway Suite 200
03
04 City: Stuart FL 05 Zip Code: 34994

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	KUCHLER, KENNETH	12 NAME	
STREET ADDRESS	8400 NW 17 ST.	13 STREET ADDRESS	10 Central Parkway Suite 200
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	14 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	VSD	21 TITLE	☒ Change ☐ Addition
NAME	MASON, LORETTA	22 NAME	
STREET ADDRESS	8400 NW 57TH ST.	23 STREET ADDRESS	10 Central Parkway Suite 200
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	24 CITY-ST-ZIP	Stuart, Florida 34994
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Loretta Mason Loretta Mason 3/25/95 407-220-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240447 CP