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

PROFIT CORPORATION ANNUAL REPORT

CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporatio	E & MERCANTILE ENTERPI	` '				
Principal Place of Business		Mailing Address		*1	- 1 100101 01101 10111 01301 F1E11 0E1E0 19FF 011	0)1 81811 81811 91911 91911 91811 1881
2965 WESTBROOK		2965 WESTBROOK			·	
WESTON FL 33332-1842		WESTON FL 33332-1842				
US		US			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 08/03/1978	
l '	lace of Business	2a. Mailing Address		****	4. FEI Number	Applied For
21	26				59-1887783	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			o. Ostanodko or okakos besiros	Fee Required
City & Stato		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30		8. This corporation owes or has paid t	
24	25 Name and Address of Curre		30		Personal Property Tax due June 30 10. Name and Address of New Regis	
MA	RIN, RAYMOND F.	TO GISTOTO A AGOIN	81	Name	10. Franto and Addition of Hotel Hogis	lordo Agont
	100 NE 16TH AVE, STE B					
NORTH MIAMI BEACH, FL. 33162			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
""	THE INDIAN DESTORY FE. SOLDE		83			
			-			
			84	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607,1508, Florida Statute of Florida. Such change was a	es, the above- authorized by	named corporation	oration submits this statement for the purcon's board of directors. I hereby accept the	ose of changing its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	,	,	
SIGNATURE	Character Land of the Land of	ALONG	Basistared Assa	La castura sagura	nd when releases and	DATE
12.	Signature, typed or profiled name of registered agent and tide if applicable (NOT OFFICERS AND DIRECTORS		Registered Agent signature required 13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PSD	☐ DELETE				☐ Change ☐ Addition
NAME	GAVIRIA, MARCO E		1.2 NAME			-
STREET ADDRESS	2965 WESTBROOK		1.3 STREET ADDRESS			
CITY-ST-ZIP	WESTON FL		1.4 CITY-ST-ZIP			
TITLE	VPAS	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	GAVIRIA, JENNIFER M		2.2 NAME			
STREET ADDRESS	2965 WESTBROOK		2.3 STREET ADDRESS		÷ .	
CITY-ST-ZIP	WESTON FL		2. 4 CITY - ST- ZIP			
TITLE		DELETE	3.1 FITLE			☐ Change ☐ Addition
NAME			3.2 NAME			1
STREET ADDRESS			3.3 STREET A	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST	- ZIP		
TITLE	-	DELETE 4:		1		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DDRE\$S		
CITY-ST-ZIP			4.4 CITY-ST	ZIP		//
TITLE	DELETE 5.1		5.1 TITLE		I I	Change Addition
NAME			5.2 NAME		=11	_ /// .
STREET ADDRESS			5.3 STREET A	DDRESS	\/\) 4 / /
CITY-ST-ZIP		The state	5.4 CITY-ST-	ZIP		
TITLE		DELETE	6.1 TITLE		400002474	
NAME			6.2 NAME		-04/01/9801010 ¹	
STREET ADDRESS			6.3 STREET A	DDRESS I	***308.88	[

14. 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 annual report in suppliemental 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 challpeti, or on an alternation with an address.

FILED

Apr 01 1998 8:00am

Secretary of State