

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **737111**
1. Corporation Name
Mercy Foundation

Principal Place of Business Mailing Address
**3603 South Miami Ave.
Miami, FL 33133**

3. Date Incorporated or Qualified **10/19/1976** 3a. Date of Last Report **2/7/95**
4. FEI Number **59-1709438** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**Edward A. Rosasco, Jr.
3603 South Miami Avenue
Miami, FL 33133**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	F. OTTO BUSOT	
STREET ADDRESS	550 BILLYMORRE AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V/P/D	<input type="checkbox"/> DELETE
NAME	VICTOR O. BALESTRA	
STREET ADDRESS	1395 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	SIFREDO BIRRIET	
STREET ADDRESS	100 SE 2ST, 15 FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CONSTANTINO PERAZA	
STREET ADDRESS	3603 SOUTH MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	500001789105
44 CITY-ST-ZIP	-04/22/96--01071--001
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***70.00
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constantino Peraza Date: **4/16/96** Daytime Phone #: **285-2131**

CR2E037 (12/95)

JR