


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

FILED

Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 762555**  
 1. Corporation Name **LINCOLN ROAD MERCANTILE ASSOCIATION, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1982		3a. Date of Last Report	
21. 1654 Meridian Ave.		2a. same		4. FEI Number 65-0049821		Applied For Not Applicable	
22. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Miami Beach, FL.		2a. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33139		2a. Dade		2b. Zip		Country	
25. 33139		2a. Dade		2b. Zip		Country	
26. 33139		2a. Dade		2b. Zip		Country	
27. 33139		2a. Dade		2b. Zip		Country	
28. 33139		2a. Dade		2b. Zip		Country	
29. 33139		2a. Dade		2b. Zip		Country	
30. 33139		2a. Dade		2b. Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
Carlos M. Cruz				1660 Meridian Ave.			
83. City				84. Zip Code			
Miami Beach, FL.				33139			

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 Carlos Cruz **CARLOS CRUZ** **TRES.**  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> DELETE				1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME <b>Rey Hulen</b>				1.2 NAME <b>ADRIAN GONZALEZ</b>			
1.3 STREET ADDRESS <b>918 Lincoln Rd.</b>				1.3 STREET ADDRESS <b>1654 Meridian Ave.</b>			
1.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>				1.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>			
2.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> DELETE				2.1 TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME <b>Lousis Bondi</b>				2.2 NAME <b>Tracey Finger</b>			
2.3 STREET ADDRESS <b>1021 Lincoln Rd</b>				2.3 STREET ADDRESS <b>629 Lincoln Rd.</b>			
2.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>				2.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>			
3.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> DELETE				3.1 TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME <b>Dawn Drake</b>				3.2 NAME <b>Robert Vecchiu</b>			
3.3 STREET ADDRESS <b>Miami Beach, FL. 33139</b>				3.3 STREET ADDRESS <b>1007 Lincoln Rd.</b>			
3.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>				3.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>			
4.1 TITLE <b>SEC.</b> <input checked="" type="checkbox"/> DELETE				4.1 TITLE <b>TREASURE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME <b>Shera Brody</b>				4.2 NAME <b>Carlos M. Cruz</b>			
4.3 STREET ADDRESS <b>1014 Lincoln Rd.</b>				4.3 STREET ADDRESS <b>1660 Meridian Ave.</b>			
4.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>				4.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>			
5.1 TITLE <b>TRES.</b> <input checked="" type="checkbox"/> DELETE				5.1 TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME <b>Adrian Gonzalez</b>				5.2 NAME <b>Hannah Lashy</b>			
5.3 STREET ADDRESS <b>1654 Meridian Ave.</b>				5.3 STREET ADDRESS <b>533 Lincoln Rd.</b>			
5.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>				5.4 CITY-ST-ZIP <b>Miami Beach, FL. 33139</b>			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <b>000002123420</b>			
6.2 NAME				6.2 NAME <b>-03/25/97--01042--041</b>			
6.3 STREET ADDRESS				6.3 STREET ADDRESS <b>***35.00</b>			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: Adrian Gonzalez **ADRIAN GONZALEZ** **President** **3/5/97** **672-8707**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)