

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 044 ***158.75

DOCUMENT # 855016



1. Entity Name
BANCO MERCANTIL, S.A.C.A. "COMPANY"

Principal Place of Business
**220 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5255 US**

Mailing Address
**3105 NW 107 AVE
6TH FL
MIAMI, FL 33172-2136 US**

2. Principal Place of Business

3. Mailing Address
220 Alhambra Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.
12th Floor

City & State

City & State
Coral Gables, FL

Zip

Country

Zip
33134

Country
USA

02132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2227533

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD., STE., 1500
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Pedro R. Parra

Street Address (P.O. Box Number is Not Acceptable)
Commercebank, N.A.

220 Alhambra Circle

City
Coral Gables

FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Pedro R. Parra

2/13/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GONZALEZ, ALBERTO B.
220 ALHAMBRA CIRCLE
CORAL GABLES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
VELARDE, PERLA L
3105 N.W. 107 AVE 6HT FL
MIAMI, FL 33172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
PATTERSON, MARIA M
3105 NW 107 AVE., 6TH FLOOR
MIAMI, FL 33172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Alberto B. Gonzalez

02/13/2004 (305) - 460 - 8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #