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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K15203** **(8)**

1. Corporation Name

MERCHANDISE SALES CORPORATION

Principal Place of Business	Mailing Address
1805 SW 8TH ST MIAMI FL 33135	1805 SW 8TH ST MIAMI FL 33135

3. Date Incorporated or Qualified: **02/17/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0030564** 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

FREED, SANFORD
19 WEST FLAGLER STREET
SUITE 404
MIAMI FL 33130

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 617.0202 and 617.1908, 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 617.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	V
NAME	ECHEVERRI JR., JUAN C.	NAME	DAVID ECHEVERRI
STREET ADDRESS	1805 SW 8TH ST	STREET ADDRESS	1805 SW 8th. ST.
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	MIAMI FLA. 33135
TITLE	V PD.		
NAME	ECHEVERRI, JUAN CAMILO		
STREET ADDRESS	1805 SW 8TH ST.		
CITY-ST-ZIP	MIAMI FL 33135		

[ ] DELETE [ ] Change [ ] Addition

3/30

14. I do hereby 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 12 or Block 13 if changed or added by this report with my address.

SIGNATURE: X _____ 01/20/96 (305) 445-0517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)