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

**PROFIT** Jun 24 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 🔫 **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # L07520 (4) MERCEDESHOP, INC. Principal Place of Business Mailing Address 16058 NE 21ST AVE 16058 NE 21ST AVE N. MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 59-1850701 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country  $Z_{P}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KROIS, HERBERT SAMEE DAVID L. 16058 NE 21ST AVE Street Address (P.O. Box Number is Not Acceptable) 82 N. MIAMI BEACH FL 33162 83 १३३५७ S.W. 128 Street 84 MIAMI 33186 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. 6.14.98 SIGNATURE. (NOTE flagistured Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PD Change Addition 1.1 TITLE TITLE KROIS, HERBERT NAME 1.2 NAME 14905 S. SPUR DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - 7IP CITY-ST-ZIP Addition ۷Ď DELETE 2.1 TITLE Change TITLE KROIS, CAROLE 2.2 NAME NAME 14905 S. SPUR DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 C(1Y - S1 - Z(P DELFTE Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 DITE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 Hitt **YOURH** - 06/25/00 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 Statutos; and that my name appears in Block 13 if changed or or an attachaged with an address.

CITY-ST-ZIP

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11. 30.00