
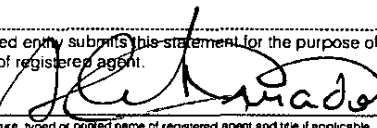
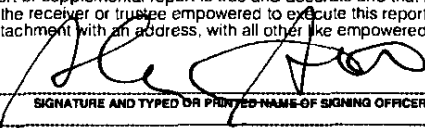


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 028 ***158.75

DOCUMENT # L29816 1. Entity Name MERCANTILE EUROPARTS, INC.					
Principal Place of Business C/O MARIO ELIZONDO 6747 SW 8TH STREET MIAMI, FL 33144			Mailing Address C/O MARIO ELIZONDO 6747 SW 8TH STREET MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0201055	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ELIZONDO, MARIO 6747 SW 8TH STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name AMADO, ALAIN Street Address (P.O. Box Number is Not Acceptable) 6747 SW 8th Street City Miami FL Zip Code 33144		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDS <input checked="" type="checkbox"/> Delete NAME ELIZONDO, MARIO STREET ADDRESS 6747 SW 8TH STREET CITY-ST-ZIP MIAMI, FL			TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ELIZONDO, MARIO STREET ADDRESS 6747 SW 8th Street CITY-ST-ZIP Miami FL		
TITLE VD <input checked="" type="checkbox"/> Delete NAME ELIZONDO, ALICIA STREET ADDRESS 6747 SW 8TH STREET CITY-ST-ZIP MIAMI, FL			TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ELIZONDO, ALICIA STREET ADDRESS 6747 SW 8th Street CITY-ST-ZIP Miami, FL		
TITLE SD <input checked="" type="checkbox"/> Delete NAME ELIZONDO, MARIO STREET ADDRESS 6747 SW 8TH ST CITY-ST-ZIP MIAMI, FL			TITLE POT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AMADO, ALAIN STREET ADDRESS 6747 SW 8th. Street CITY-ST-ZIP Miami FL		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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01132004 Chg-P CR2E034 (10/03)