

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M29579** (3)
1. Corporation Name
MERCI'S HOME CORP.



Principal Place of Business: **4291 SW 9TH TERRACE MIAMI FL 33134**
Mailing Address: **4291 SW 9TH TERRACE MIAMI FL 33134**

3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 03/08/1995
4. FEI Number 59-2654261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent RODRIGUEZ, MERCEDES 4291 SW 9TH TERRACE MIAMI FL 33134	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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: _____ DATE: _____
Signature typed or printed on this report is required for filing this report. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME RODRIGUEZ, ISABEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4279 SW 9TH TERRACE	CITY-STATE-ZIP MIAMI FL	1.2 NAME	
TITLE DVS	NAME RODRIGUEZ, MERCEDES	1.3 STREET ADDRESS	
STREET ADDRESS 4291 SW 9TH TERRACE	CITY-STATE-ZIP MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-STATE-ZIP	
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	3.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-STATE-ZIP	
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	6.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mercedes Morham* **01/20/96** **(305) 443-8294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)