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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

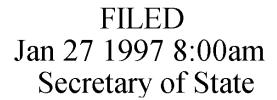
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M52447

(3)

MERCANTIL SERVICES CORPORATION

Principal Place of Business Mailma Address





2199 PONCE DI CORAL GABLES		2199 PONCE DE LEON BLVD CORAL GABLES FL 33134-5255							
					 Date Incorporated or Ot 05/20/1987 	3. Date Incorporated or Qualified			
Provinces.	ace of Business	2a. Mailing Address		4. FEI Number				Applied For	
21		26			59-283 1052 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Des	ired [\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Fina Trust Fund Contribution	ncing [May Be d to Fees
Zip 24	Country 25	Zip 29	Country 30	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	g. Name and Address of Current		15.51		10. Name and Address of	New Regis	tered A	gent	
COR	PORATION COMPANY OF MIAM		81	Name					
100 CHOPIN PLAZA 1500 EDWARD BALL BLDG.			82	Street A	ddress (P.O. Box Number is Not Acceptable)				
l .	# FL 33131		83		· · · · · · · · · · · · · · · · · · ·			<u></u>	
			84	City			<u> </u>	85 Zip	o Code
		1 007 4500 50 12 50 1		<u> </u>		6 Ab	FL		
office or re	o the provisions of Sections 607 0502 egistered agent, or both, in the State of	of Florida. Such change was	authorized b	y the corpo	orporation submits this statement pration's board of directors. I herel	for the purpoy accept t	pose or a	changing intment a	its registered
, ,	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statute	S .					Į
SIGNATURE:	Signature, type-d or prints a nume of registered agen	t and title if applicable (NC	TE: Registered Ag	ent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T	O OFFICE	RS AND	DIRECTO	ORS IN 12
TITLE	DC	DELETE	1.1 TITLE		Director			Change	Addition
NAME	VILLAR, GUILLERMO		1.2 NAME		Gonzalez Sosa, A	latend			Į.
STREET ADDRESS 6200 RIVIERA DR.			1.3 STREET ADDRESS		Edificio Mercant	ii 11	110		Į,
CITY - ST - ZIP	CORAL GABLES FL 33146	Drifte	1.4 CITY-	ST-ZIP	Caracas, Venezue				T A SERVICE
TITLE	d Fernandez, Fabio	DELETE	2.1 TITLE		, , , , , , , , , , , , , , , , , , , ,			Change	Addition
NAME	3438 BERTHA DRIVE		2.2 NAME	T 4800000					1
STREET ADDRESS	BALDWIN NY			T ADDRESS					
CHTY-ST-ZIP	D	DELETE	2.4 CITY-	\$1-ZIP				Change	a Addition
NAME	WILSON, MILLAR		32 NAME				'		
STREET ADDRESS	5950 S.W. 135TH TERR			T ADDRESS					ŀ
CITY-\$1-ZIP	MIAMI FL		3.4. CfTY -						
TITLE	D	DELETE	4.1 TITLE		······································			Change	e
NAME .	GONZALEZ, ALBERTO		4. 2 NAME						1
STREET ADDRESS	9940 S.W. 120TH ST.		4.3 STREE	T ADDRESS		***			1
City-ST-ZIP	MIAMI FL 33176		4.4 CITY-	ST-ZIP					_
TITLE	D	☐ DELETE	5.1 TITLE					Change	e 🔲 Addition
NAME	RODRIGUEZ, ALFREDO		52 NAME						
STREET ADDRESS	AV PRINCIPAL NARANJO 2		5.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP	CARACAS 1011, VENEZUELA		5.4 CITY-	ST-ZIP	·····				
TITLE		DELETE	6.1 TITLE					Change	e 🔲 Addition
NA W E			6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY - ST - ZIP			6.4 CITY-	ST-ZIP]

14. I do 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 Statutes; and that my name appears in Block 12 or Block 13 if changed go on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR