

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M52447 (3)
1. Corporation Name
MERCANTIL SERVICES CORPORATION

Principal Place of Business
2199 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
2199 PONCE DE LEON BLVD
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1987	
21		26		4. FEI Number 59-2831052	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA 1500 EDWARD BALL BLDG. MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILLAR, GUILLERMO			1.2 NAME			
STREET ADDRESS	6200 RIVIERA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FERNANDEZ, FABIO			2.2 NAME	ARNAL, DIEGO		
STREET ADDRESS	3438 BERTHA DRIVE			2.3 STREET ADDRESS	CALLE J QUINTA TANGO, STA ROSA DE LIMA		
CITY-ST-ZIP	BALDWIN NY			2.4 CITY-ST-ZIP	CARACAS, VENEZUELA		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, MILLAR			3.2 NAME			
STREET ADDRESS	5950 S.W. 135TH TERR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, ALBERTO			4.2 NAME			
STREET ADDRESS	8940 S.W. 120TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, ALFREDO			5.2 NAME			
STREET ADDRESS	AV PRINCIPAL NARANJO 2			5.3 STREET ADDRESS			
CITY-ST-ZIP	CARACAS 1011, VENEZUELA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Freddy Ferrer			6.2 NAME			
STREET ADDRESS	Aenida San Felipe Res. Ibiza Apt C14			6.3 STREET ADDRESS			
CITY-ST-ZIP	Chacao-Edo Miranda, Caracas, Venezuela			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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

APRIL 24 1998 305-460-4025

CR2E034 (10/97)