

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52447

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90106 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1987

4. FEI Number

59-2831052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

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 Zip Code

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 ☐ DELETE
NAME VILLAR, GUILLERMO ✓
STREET ADDRESS 6200 RIVERA DR.
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ DELETE
NAME ARNAL, DIEGO ✓
STREET ADDRESS CALLE J QUINTA TANGO, STA ROSA DE LIMA
CITY-ST-ZIP CARACAS VE

TITLE D ☐ DELETE
NAME WILSON, MILLAR ✓
STREET ADDRESS 5950 S.W. 135TH TERR
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME GONZALEZ, ALBERTO ✓
STREET ADDRESS 9940 S.W. 120TH ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE
NAME RODRIGUEZ, ALFREDO ✓
STREET ADDRESS AV PRINCIPAL NARANJO 2
CITY-ST-ZIP CARACAS 1011, VENEZUELA

TITLE D ☐ DELETE
NAME FERRER, FREDDY ✓
STREET ADDRESS AENIDA SAN FELIPE RES IBIZA APT C1A
CITY-ST-ZIP CHACAO-EDO MIRANDA CA

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GONZALEZ SOSA, ALEJANDRO
1.3 STREET ADDRESS EDIFICIO BANCO MERCANTIL
1.4 CITY-ST-ZIP CARACAS, VENEZUELA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)