

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90704 030 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P010000083582** ✓
 1. Entity Name
MERCO DEVELOPMENT CORPORATION

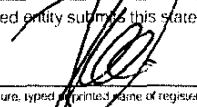
763571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1580 SAWGRASS CORP. PKWY Suite, Apt. #, etc. # 130		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State SUNRISE, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33323	Country	Zip	Country		

DO NOT WRITE IN THIS SPACE

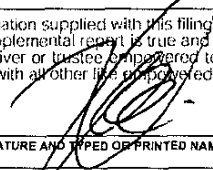
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent				
			Name CARLOS XAVIER BARRETO			Street Address (P.O. Box Number is Not Acceptable) 280 RACQUET CLUB RD, BLDG. 112, # 205	
			City WESTON		FL	Zip Code 33326	

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.
 SIGNATURE:  DATE: **4-5-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-issuing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CARLOS XAVIER BARRETO PRESIDENT 280 RACQUET CLUB RD, BLDG 112, #205 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIA ELGUA FALLU VICE PRESIDENT / SECRETARY / TREAS. 280 RACQUET CLUB RD, BLDG. 112, #205 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other life employees.
 SIGNATURE:  DATE: **4-5-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR