




FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 010 ***150.00

80117241

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000119042			
1. Entity Name INTERNATIONAL MERCHANTS, CORP.			
Principal Place of Business 12355 S.W. 18 ST., #214 MIAMI, FL 33175		Mailing Address 12355 S.W. 18 ST., #214 MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0752172		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOMEZ, SAMUEL L. 12355 S.W. 18 ST., #214 MIAMI, FL 33175		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
			
9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	GOMEZ, SAMUEL L.		
STREET ADDRESS	12355 S.W. 18 ST., #214	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
	ZACIPA, LINA X		
STREET ADDRESS	12355 S.W. 18 ST., #214	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.			
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CFR6034 (10/02)