| PROFIT CORPORATION ANNUAL REPORT 1996 | | | AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | |
|---|---|---|---|---|---|--|
| 1. Corporation | MENT # P93 Name ID MERCHANTS USA, I | | 3940 | (2) | | |
| Principal Place of Business 18846 NW 77TH COURT MIAMI FL 33015 | | 1 | Mailing Address 18946 NW 77TH COURT MIAMI FL 33015 | | | |
| | | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report 01/13/1993 04/04/1995 |
| 2. Principal Pla 21 | ace of Business | 2a. M 26 | lailing Address | | | 4. FEI Number Applied For 65-0409877 Not Applicable |
| Suite, Apt. # | ¥, etc. | 27 S | uite, Apt. #, etc. | | | 5. Certificate of Status Desired Second Seco |
| City & State | | 28 C | City & State | | | 6. Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zip 24 | Country 25 | 29 | ip | Cou 30 | ntry | This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No |
| 18846 MIAMI 11. Pursuant to or register familiar wit SIGNATURE | ARUNK NW 77 CT FL 33015 o the provisions of Sections 607. ed agent, or both, in the State of h, and accept the obligations of, Styrature, typed or printed name of registered | Section 607.05 | 05, Florida Statu | ites. | 83 84 City ve named co corporation's | Address (P.O. Box Number is Not Acceptable) PL 85 Zip Code corporation submits this statement for the purpose of changing its registered office s board of directors. I hereby accept the appointment as registered agent. I am |
| 12. | OFFICER | S AND DIFFECTO | ORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TIFLE NAME | PVST GARG, ARUN K 18846 NW 77TH COUF | n | DELETE | 1. 1 Ti 1.2 N/ | WE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition 188346 Nu: 77CT. |
| STREET ADDRESS CITY-ST-ZIP | MIAMI FL 33015 | | | | REET ADDRESS TY - ST - ZIP | $+$ $M_{\rm H}$ $M_{\rm H}$ $+$ $T = -300$ $=$ 10 |
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| TITLE NAME STREET ADDRESS CITY-ST-7iP | | | []] DELETE | 5 1 T 5.2 N 5 3 ST | nte | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | DELETE | 6 17 62 N/ 63 S 64 Cl | ITLE MME REET ADDRESS TY - ST - ZIP | |
| certify that oath; that | t the information indicated on this I am an officer or director of the h Block 12 or Block 13 if changer | annual report of corporation or the sport on an attack for | or supplemental the roceiver or true chyliont with an a | annual report i Islee empowe Iddress. | s true and ad red to execu | ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same logal effect as if made under ute this report as required by Chapter 607, Florida Statutes; and that my name Date Daytme Phone # |