## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1996

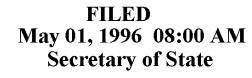
Principal Place of Business



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023571 (1)

## LAS MERCEDES ENTERPRISES INC.



|--|--|--|

			1260 MEDINA AVE. CORAL GABLES FL 331	134					
							<ol> <li>Date Incorporated or Qualified</li> <li>03/26/1993</li> </ol>	3a. Date of La 04/07	· · · · · · · · · · · · · · · · · · ·
2. Principal Pla	ace of Business	h	. Mailing Address				4. FEI Number		Applied For
21		26					65-0402975		Not Applicable
Suite, Apt. #	197 M. P. C.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	29	Zip	30	Country		8. This corporation has liability for in Florida Statutes		der s 199.032,
	9. Name and Address of Curre	nt Regis	stered Agent	.1::1.			10. Name and Address of New R	egistered Agen	it
1					81	Name			
	EZ, ERASMO				82	Street Ad	ddress (P.O. Box Number is Not Acceptable	e)	
	1260 MEDINA AVE. CORAL GABLES FL 33134				83		T/ 8. // 18. //		
					84	City		FI 85	Zip Code
j or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	1da, Suci	n change was authorize	ea by t	above-r the corp	named corp oration's bo	poration submits this statement for the purporard of directors. I hereby accept the appo	pose of changing pintment as regis	g its registered office tered agent, I am
SIGNATURE	Signature, typad or parited name of registered age				stered Ager	d signat we requ	uired when reinstating)	DATE	
12.	OFFICERS AF				13.		ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	D		DELETE		1. 1 TITLE			[] Ch:	
NAME	MARTINEZ, ERASMO				1.2 NAME				
STREET ADDRESS	1260 MEDINA AVE.			- 1	1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL	75: 4-1:			1.4 CITY- S	T-ZIP			
TITLE	D		DELETE	:	2 1 TITLE			☐ Cha	ange 🔲 Addition
NAME	Martinez, amelia				2 2 NAME				
STREET ADDRESS	1260 MEDINA AVE.			- [ :	23 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL				24 CHY-S	7 - 7IP			
TITLE	D		DETELE		3 1 TITLE			☐ Chá	inge 🔲 Addition
NAME	MARTINEZ GIL, AMELIA M			3	3 2 NAME				
STREET ADDRESS	1925 SW 107TH AVENUE				3 3. STREET				
CHTY-ST-ZIP TITLE	MIAMI FL		☐ DELFIE		3.4 CITY - S	1 - ZIP			
NAME			[ DELETE		4. 1 TITLE			Cha	ange 🔲 Addition
STREET ADDRESS					4.2 NAME	IDDDGG			
				- 1	4.3 STREET				
CITY-ST-ZIP TITLE			DELETE		4.4 CITY - S 5-1 TITLE	1 - ZIP		[ ] Cha	ange
NAME			LJ OCH IL		5 2 NAME			L] Cha	inge [ Addition
STREET ADDRESS					5 3 STREET	ADODECC			
CITY-ST-ZIP									
TITLE			DELETE		5.4 CITY-S 6. 1 TITLE	I - ZIF		□ Cha	inge Addition
NAME				- 1	6.2 NAME				uide 🗀 waqutiqu
STREET ADDRESS					3.2 MANNE 3.3 STREET	ADDRESS			
City-S1-ZiP				1	8.4 CITY-S				
···	codify that the internation executed	unith abia	flion in volunted of a	obod s	3.4 UII 1 - 3	1-ZIF	To the state of th		

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changled, or only attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER

H. MOTH

V D. Hreasy

10 (305) V085-395