


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000023571 (1)**

1. Corporation Name  
**LAS MERCEDES ENTERPRISES INC.**



Principal Place of Business <b>1260 MEDINA AVE. CORAL GABLES FL 33134</b>	Mailing Address <b>1260 MEDINA AVE. CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1041 E. 10 ST.</b>		2a. Mailing Address 26 <b>14300 S.W. 29 ST.</b>		3. Date Incorporated or Qualified <b>03/26/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0402975</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>MIAMI, FL.</b>		28 City & State <b>MIAMI, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33013</b>	25 Country <b>USA.</b>	29 Zip <b>33175</b>	30 Country <b>USA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTINEZ, ERASMO  
1260 MEDINA AVE.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <b>AMELIA M. MARTINEZ GIL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>14300 S.W. 29 ST.</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33175</b>

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 607.0915, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-3-97.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTINEZ, ERASMO</b>	1.2 NAME	<b>AMELIA M. MARTINEZ GIL</b>
STREET ADDRESS	<b>1260 MEDINA AVE.</b>	1.3 STREET ADDRESS	<b>14300 S.W. 29 ST.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>MARTINEZ, AMELIA</b>	2.2 NAME	
STREET ADDRESS	<b>1260 MEDINA AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>MARTINEZ GIL, AMELIA M</b>	3.2 NAME	
STREET ADDRESS	<b>1925 SW 107TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if any have changed with an address.

SIGNATURE

**9-3-97**

**CAG-3953**

CR2E034 (4/97)