

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036185 (5)

1. Corporation Name

GENERAL MERCHANDIZING CORPORATION

Principal Place of Business

5084 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

5084 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4651 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
06/15/1995

4. FIC Number
65-0413414

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under s. 193.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DP	☐ DELETE
NAME	SHOUA, DAVID	
STREET ADDRESS	2800 SW 121ST AVE	
CITY, STATE, ZIP	DAVE FL	
TYPE	CP	☐ DELETE
NAME	SHOUA, ALISA	
STREET ADDRESS	2800 SW 121 ST. AVENUE	
CITY, STATE, ZIP	DAVE FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TYPE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TYPE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TYPE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 178.02(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 exercise its report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or is an authorized agent with actual power.

SIGNATURE:

DAVID SHOUA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

305 257 9696

CR2E034 (12/95)