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02-24-1999 90004 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007055

1. Corporation Name
JORGE MERCADO & ASSOCIATES, INC.



Principal Place of Business
9825 NW 29 ST.
MIAMI FL 33172
US

Mailing Address
9825 NW 29 ST
MIAMI BEACH FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
4. FEI Number: 65-0464890
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax: Yes

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33172
25 Country: US
26 Mailing Address: 9825 NW 29 ST
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33172
30 Country: US

9. Name and Address of Current Registered Agent
MERCADO, JORGE
9825 NW 29 ST
#2108
MIAMI BCH FL 33172

10. Name and Address of New Registered Agent
81 Name: JORGE MERCADO
82 Street Address: 9825 NW 29 ST
83
84 City: MIAMI FL 85 Zip Code: 33172

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 607.0505, Florida Statutes.
SIGNATURE: [Signature] DATE: 01/07/99

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP and a DELETED checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP and Change/Addition checkboxes.

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 01/07/99 Daytime Phone #

CR2E034 (11/98)