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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90004 033 ***150.00

DOCUMENT # P9400007055

| Corporatio | | | | | | | | |
|---|---|------------------|-------------------------|----------------------------|--------------|--|---------------|------------------------|
| JORGE I | MERCADO & ASSOCI | ates, inc | C. | | | CHARACTER OF THE CORN COMPANY OF THE CORN | OCIULUUR OOR | |
| | | | | | / | | | |
| Principal Plac | e of Business | | Mailing Address | | | | | |
| 9825 NW 29 ST. 9825 NW 29 ST MIAMI FL 33172 MIAMI BEACH FL 33172 | | | | / | | DO NOT WRITE IN THIS | SPACE . | |
| JS | | • | US | | _ | 3. Date Incorporated or Qualifed | , OI AGE . | |
| | | | | ~ | -/ | 01/27/1994 | | |
| 2 Principal P | Place of Business | -/ 1. | 2a. Mailing Address | | -+ | 4. FEI Number | A | pplied For |
| - i | Tago of Edulitous | / - | 6 9825 NO | W 295 | 7 | 65-0464890 | + | lot Applicable |
| Suite, Apt. | #, etc. | 7 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional Required |
| 2 City & Stat | te | | City & State | | | 6. Election Campaign Financing | * | May Be |
| 3 | | 2 | 8 MIAMI | FL | | Trust Fund Contribution | | to Fees |
| Zìp | Country | \ | Zip | Country | | 8. This corporation owes the current year In | | □No |
| 4 | 25 | | 9 <i>33172</i> | 30 | | Personal Property Tax. 10. Name and Address of New Registered | Yes | |
| | 9 Name and Address of | Current Re | gisterea Agent | 81 Na | | 1 | | |
| MER | ICADO, JORGE | | | | 6 | JORGE MERCAL |)O | |
| | 5 NW 29 ST | Ì | | 82 Stre | | ess (P.O. Box Number is Not Acceptable) | <u>'</u> _ | |
| \/ #21¢ | / | | | 83 | | 325 1100 21 31 | | |
| | MI BCH FL 33172 | | | | | | | |
| | | | | 84 City | / | MIAM/ FL | 85 Zip | 3172 |
| 44 0 | to the provisions of Continue | 607.0602.an | d 607 1508 Florida Stat | ites the above-name | ed corpo | pration submits this statement for the oursose of | f changing it | s registered |
| office or i | registered agent, or both, in the | e State of Fl | orida. Such change was | authorized by the c | orporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the appo | intment as r | egistered |
| agent. I a | am familiar with and accept the | e obligations | of, Section 607.0505, F | lorida Statutes. | | 01 | 100/ | 66 |
| SIGNATURE | Signature, typed or printed name of reg | | title if applicable (NO | TE: Registered Agent signa | ura required | when reinstating) DATS | 011 | <u>7.7</u> |
| 12. | | ERS AND DI | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECT | ORS IN 12 |
| TLE | PSD | | ☐ DELETE | 1.1 TITLE | | , | ☐ Change | |
| NAME | MERCADO, JORGE | | | 1.2 NAME | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDR | ESS | | | • |
| CITY-ST-ZIP | MIAMI BEACH FL | | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | 1 | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | Additio |
| NAME | | | | 2.2 NAME | | , | | |
| STREET ADDRESS | ; | | | 2.3 STREET ADDR | ESS | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-ST-ZIP | | | | |
| TILE | | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| IAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDR | ESS | | | |
| CITY-ST-ZIP | 1 | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Additio |
| NAME | | | | 4. 2 NAME | | | | |
| TREET ADDRESS | ; | | | 4.3 STREET ADDR | ESS | | | |
| OTY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | | |
| MLE | | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Additio |
| AME | | | | 5.2 NAME | | • | | |
| STREET ADDRESS | 3 | | | 5.3 STREET ADOR | ESS | | | |
| DITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | · | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Additio |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | s | | | 6.3 STREET ADDR | ESS | | | |
| CITY-ST-7IP | | | | 6.4 CITY-ST-ZIP | | | | |

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 suppliemental 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 attachment with an address, with all other like empowered.

SIGNATURE:

MILLADODE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #