FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000016026 (4) **DOCUMENT #** MERCEDES PROPERTIES, INC. Principal Place of Business Mailing Address 21735 EL BOSQUE WAY 21735 EL BOSOUE WAY **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1994 09/25/1995 2. Principal Place of Business

11 28. Mailing Addiress N. UNIUBITY IT 4. FEI Number Applied For 65-0469749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Plantation 6. Election Campaign Financing Fla \$5.00 May Be 23  $\Gamma$ Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, USA. Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LICKER, JEFFREY 82 Street Address (P.O. Box Number is Not Acceptable) 1329 NW 125TH WAY SUNRISE FL 33323 83 84 City 85 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it approach (NOTE: Registered Agent signature required when recistaring 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE MORCEDE RICHTAD SECTIONS Addition 1. 1 TITLE MERCEDE, RICHARD S 1.2 NAME 1874 NO UNIVERSITY DR #4500 PLANTATION FL 33322 21735 EL BOSQUE WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE MERCEDE, JANET Mercese THAT NAME 2.2 NAME 21735 EL BOSQUE WAY STREET ADDRESS 13-16 NO WNIWASIFY DR. #380 2.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP PLANTATION FL 2 4 CITY - S1 - ZIP TITLE DELETE 3 'THILE Addition LICKER, JEFFREY NAME 3.2 NAME 1329 NW 126TH WAY STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - Z:P TITLE DELETE 5 1 TITLE Change ■ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 71P 54 CITY-ST-ZIP TULE ☐ DELETE 6 1 THILE Change Addition 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 certify that the information indicate oath; that I am an officer or direct appears in Block 12 or Block 1 his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further out or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name ied with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI