SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR REFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375. FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 DEC 20 AH 7:50 1996 **DIVISION OF CORPORATIONS** P94000028992 (3) **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA ACTION MERCHANT SERVICES, INC. Principal Place of Business Mailing Address 11200 W FLAGLER ST 12677 N.W. 10TH TRAIL ATENENTON SUITE 212 MIAM1 FL 33182 SWEETWATER FL 33174 04/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0481910 Not Applicable SUACHON-MERCHANT SERVICES INC. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 13800 S W 8th STREET # 141 Fee Required CiMIAMI; FL 33184 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTINEZ, LAZARO E 12677 N.W. 10TH TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33182 83 84 City 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 or registered office or registered office or registered office or registered of the state of (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TIFLE MARTINEZ, LAZARO E 12 NAME NAME 12677 N.W. 10TH TRAIL STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33182 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME 900002039009---12/27/96--01036--030 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIF ___ Change ___ Addition DELETE TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY ST - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLS 5.1 TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE 62 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do heraby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 eath, that I am an officer-or-duroctor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 (1) chapter 617 and that my name appears in Block 12 (1) chapter 617. REQUIRED

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