FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083430 (5)

MERFINANCE CORP.

Principal Place	e of Business	Mailing Add	ress			S EMPLIANCE DER IDEAL DEFFE COLLE ORFIE MATER AND	BY FRENE OFFICE GIANG (SING TANK INC.	
% J. ANTONIO BALTODANO 1001 SOUTH BAYSHORE DRIVE. SUITE 1804 MIAMI FL 33131		% PENINSULA REGISTERED AGENTS. INC. 200 SOUTH BISCAYNE BLVD SUITE 4874 MIAMI FL 33131			INC.			
					1874	DO NOT WRITE IN THIS SPACE		
MIAMI FL 331	31	MIRMI FL J.	3131			3. Date Incorporated or Qualified		
						10/31/1995		
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	Applied For	
21		26				65-0619900	Not Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		27 Cdv & St	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	•	28				Trust Fund Contribution		
Zip	Country	Zip		Country		8. This corporation owes or has paid th		
24	25	29	3(0		Personal Property Tax due June 30.	Yes 🗌 No	
	e. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Registe	ered Agent	
PEI	nin <mark>s</mark> ula registered agents	S, INC.		B1	Name			
200 S. BISCAYNE BLVD.				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	TE 4874			83				
MIA	MI FL 33131			53				
				84	City		85 Zip Code	
44 Purenant	to the provisions of Sections 607.05	02 and 607 1508 F	lorida Statules	the above	e-named co	rporation submits this statement for the purpo	se of changing its registered	
l office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e ot Ftorida. Such d	change was aut	thorized by	the corpora	ation's board of directors. I hereby accept the	e appointment as registered	
	m lamillar with, and accept the oblig	gallons of, 3601011	007.03 0 0, FIOR	ua Siaiui o i	·.			
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable	INOTE F	Registered Age	nt signature req	uired when reinstating) D.	ATE	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D/P	L	DELETE	1.1 TITLE			Change Addition	
NAME	BALTODANO, ANTONIO J.			1.2 NAME				
STREET ADDRESS	1001 S. BAYSHORE DR., #1	804		1.3 STREET				
CITY-ST-ZIP	MIAMI FL 33133 V/S	Г	DELETE	1.4 CITY - S 2.1 TITLE	1- ZIP		Change Addition	
TITLE	BALTODANO, DUILIO C.		7 precit	2.7 MAME				
NAME Street address	PO BOX 736 (N/A)			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MANAGUA, NICARAGUA			2. 4 CITY - 1				
TITLE	THE HOTEL OF A CHOCKET	<u>-</u> [.	DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP	·			3.4. CITY - 5	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			DELETE	4.4 CITY - S	T-ZIP		Change Addition	
TITLE		L] DELETE	5.1 TITLE			C) Change C) Modition	
NAME				5.2 NAME	I DODGOO			
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			DELETE	5.4 CITY - S 6.1 TITLE	1 - ZIP		Change Addition	
TITLE		L	_ 0	6.2 NAME			base winnings (and the state of the state o	
NAME OTREET ANNOESS				6.3 STREET	ADDRESS			

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 supplementation from the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplementation from the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplementation from the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplementation from the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplementation indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplementation indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(iii), Florida Statutes. I further certification indicated in Section 119.07(3)(iii),

alular

FILED

Feb 18 1998 8:00am

Secretary of State