					1.				
200	2 IINIEARM RIIS	INESS DEDU	o t (Ha)	D)		·			
DOCUMENT # P95000083430									
DOCUMENT # P9500083430 1. Entity-Name MERFINANCE CORP.					FILED				
INCHEINE	INCE CORP.				02 NOV -7	PH 1:52			
Principal Place of Business Mailing Address					SECRETAF	OF STATE			
% J. ANTONIO BALTODANO 1001 SOUTH BAYSHORE DRIVE, SUITE 1804		% PENINSULA REGISTERED AGENTS. INC. 200 SOUTH BISCAYNE BLVD SUITE 4874			ALLAHASSI	OF STATE Enfloriday		· .	
MIAMI FL 331	31	MIAMI FL 33131							
2. Principal Place of Business 2132 TIGENTAIL AVE		3. Mailing Address			[# # ##################################			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			TOPING TOPING 02				
City & State Mi AMi FL		· City & State			4. FEI Number 65-06199 0	0	Ар	plied For t Applicable	
^{Zip} 33133 Country USA		Zip	Country		5. Certificate of Status Desired	\$8.7	75 Addi	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New			<u>. </u>	
			Name	-				-	
PENINSULA REGISTERED AGENTS, INC.			Street A	ddress (P.	.O. Box Number is Not Acceptal	ale)			
200.S BISCAYNE-BLVD.									
SUITE 4874									
MIAMI FL 33131			City			FL Zi	ip Code	;	
8. The above named entity submits this statement for the purpose of changing its registered office or					d agent, or both, in the State of	<u> </u>			
	0.0	12			a agont, or bour, in the otate of	ionda.			
SIGNATURE	Mulajame	sand Vice	reside	<i></i>		1/5/02			
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	gistered Agent signate	ure required w	hen reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 2002				10. Election Campaign F	Inancing	\$5.00	May Be		
(See criteria on back)		After May 1, 2002 Make Check Payable			Trust Fund Contribut	· –	Added	to Fees	
11. OFFICERS AND DIRECTORS			12.	t or state	ADDITIONS/CHANGES TO OF	EICEBS AND DIDE	CTOBC	INI 4.4	
TITLE	D/P	☐ Delete	TITLE	<u> </u>	ADDITIONS/CHANGES TO OF			Addition	
NAME	BALTODANO, ANTONIO J.		NAME				Harrye	☐ Addition	
STREET ADDRESS	1001 S. BAYSHORE DR., #1804		STREET ADDRESS		Soundas	. zpana			
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		2000085 	017 **75	0.00		
TITLE	V/S	☐ Delete	TITLE		·	. □ CI	hange	Addition	
NAME STREET ADDRESS	Baltodano, duilio C. Po Box 736 (n/a)		NAME STREET ADDRESS						
CITY-ST-ZIP	MANAGUA, NICARAGUA	•	CITY-ST-ZIP					ļ	
TITLE		☐ Delete	TITLE			Cr	hanne	☐ Addition	
NAME			NAME				iango		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP					-	
TITLE NAME	•	☐ Delete	TITLE			☐ CH	hange	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Ch	nange	Addition	
NAME			NAME				•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE					D * 3300	
NAME		□ Delete	NAME			☐ Ch	ange	☐ Addition	
STREET ADDRESS		J	STREET ADDRESS			,			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 21, 2002

MERFINANCE CORP. % PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4874 MIAMI, FL 33131

SUBJECT: MERFINANCE CORP. Ref. Number: P95000083430

We have received your document for MERFINANCE CORP. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 702A00058267