

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P95000086932 (7)

1. Corporation Name

MERCOSUR MIAMI TRADING, INC.

Principal Place of Business

8360 WEST FLAGLER STREET
SUITE 200
MIAMI FL 33144-2075

Mailing Address

8360 WEST FLAGLER STREET
SUITE 200
MIAMI FL 33144-2075

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
09/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0619900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PAZ, ALFRED NESTER
8360 WEST FLAGLER STREET
SUITE 200
MIAMI FL 33144-2075

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PAZ, ALFREDO NESTOR	
STREET ADDRESS	8360 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144-2075	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PANZUTO, NELIDA HAYDEE	
STREET ADDRESS	8360 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144-2075	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAZ, SERGIO ALFREDO	
STREET ADDRESS	8360 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144-2075	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAZ, ELIZABETH	
STREET ADDRESS	8360 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144-2075	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAZ, ESTEBAN M	
STREET ADDRESS	8360 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144-2075	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***165.00

14. I do 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, supplemental 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 its 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)