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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000086932

1. Corporation Name

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90007 050 \*\*\*150.00

MERCUS	SUR MIAMI TRADING, INC.			,						
Principal Place	e of Business	Mailing /	Address					4 (881)681 119 18391 2111 20114 52111 02111	): •4:18 B:116 1919:	) [])(@ ()#: (@@)
8360 WEST FLAGLER STREET SUITE 200 MIAMI FL 33144-2075		8360 West Flagler Street Suite 200 Miami Fl 33144-2075					į	DO NOT WRITE IN THI	S SPACE	4
MIAMI FL 3314	4-20/5	MIRMI ( L 3317720/3						3. Date Incorporated or Qualifed		
	,							11/13/1995		
2. Principal P	lace of Business	2a. Mailing Address						4. FEI Number	Ar	oplied For
21		26						65-0619900	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc						5. Certificate of Status Desired	<b>.</b>	Additional
22		27		_				o. Octahodic of outro position		equired
City & Stat	e	City & State						6. Election Campaign Financing		May Be
23		28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		_	untry			8. This corporation owes the current year h		774-
24	25	29		30				Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered	Agent		81	Name		10. Name and Address of New Registered	1 Agent	-
DA7	ALEBERO MECTOR				"	Name		•	•	
PAZ, ALFREDO NESTOR 8360 WEST FLAGLER STREET					82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
	TE 200									
	MI FL 33144-2075				83					
IVIDA	MI FE 33144-20/3				84	City	_	F	85 Zip	Code
					للب				_ , ,	ragistered
11. Pursuant	to the provisions of Sections 607.0502	: and 607.15⊍ of Florida. Su	08, Florida Statut ich change was a	ies, the Juthorize	above ed by	e-named of the corpo	corpor pration	ration submits this statement for the purpose of solutions of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of	ointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Secti	ion 607.0505, Flo	rida Sta	itutés.					
SIGNATURE				_				when reinstation) DATE		\
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent		<del></del>	: Register		t signature re	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTOR	DELETE		TITLE	T		Appriloto/ortated to ortioesto.	Change	Addition
TITLE	P ALTEREDO MECTOR		Doctor		NAME					
NAME	PAZ, ALFREDO NESTOR					4000500				j
STREET ADDRESS	8360 WEST FLAGLER STREET					ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144-2075		DELETE		CITY-SI TITLE	-ZIP			☐ Change	Addition
TITLE	VP		Dereie							
NAME .	PANZUTO, NELIDA HAYDEE				NAME	. 40000000				
STREET ADDRESS	8360 WEST FLAGLER STREET					ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144-2075		☐ DELETE		CITY-S	T-ZIP	_		Change	Addition
TITLE	VP		C. DELETE	1	NAME			•		
NAME	PAZ, SERGIO ALFREDO					ADODESS				į
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33144-2075		☐ DELETE	_	CITY-S	T-ZIP			Change	Addition
TITLE	S CHIZADETH		CJOLECTE		NAME					_
NAME	PAZ, ELIZABETH					***********		•		
STREET ADDRESS	)					ADDRESS				J
CITY-ST-ZIP	MIAMI FL 33144-2075		DELETE		CITY-ST	1 * ZIP	<u> </u>		Change	☐ Addition
TITLE	DAZ ECTEDAN M		_ 5		NAME					
NAME	PAZ, ESTEBAN M					ADDRESS		·		
STREET ADDRESS	8360 WEST FLAGLER STREET				CITY-S					
CITY-ST-ZIP	MIAMI FL 33144-2075		☐ DELETE		TITLE				Change	☐ Addition
TITLE	,				NAME				<u> </u>	_
NAME						ADDRESS				ļ
STREET ADDRESS	·				CITY-S					Į
				V. *	· ·		i			

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 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 the face iver or trastee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ature required