

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091004 (8)

1. Corporation Name

MERCHANDISER, INC.



Principal Place of Business

5970 SOUTHWEST 18 STREET, SUITE 131
BOCA RATON FL 33433

Mailing Address

5970 SOUTHWEST 18 STREET, SUITE 131
BOCA RATON FL 33433

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

FET Number

65-0625643

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Antonio Diaz

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

5970 S.W. 18th suite 131

83

84 City Boca Raton

FL

85 Zip Code 33433

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

Antonio Diaz

6-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DIAZ, ANTONIO
STREET ADDRESS 5970 SOUTHWEST 18 STREET, SUITE 131
CITY-ST-ZIP BOCA RATON FL 33433

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13.

1. NAME

2. STREET ADDRESS

3. CITY-ST-ZIP

4. NAME

5. STREET ADDRESS

6. CITY-ST-ZIP

7. NAME

8. STREET ADDRESS

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24. CITY-ST-ZIP

25. NAME

26. STREET ADDRESS

27. CITY-ST-ZIP

28. NAME

29. STREET ADDRESS

30. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION PERIOD

CR2E034 (12/95)