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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000094867 (5)
1. Corporation Name
MERCANTILE ACQUISITIONS, CORP.



Principal Place of Business Mailing Address
~~3141 NE 2nd Ave~~ ~~4601 SHERIDAN ST~~
~~MIAMI FL 33137~~ ~~SUITE 202~~
~~HOLLYWOOD FL 33024~~

2. Principal Place of Business 21 2801 Florida Avenue	2a. Mailing Address 26 2801 Florida Avenue	3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 08/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FET Number 65-0682235	Applied For Not Applicable
City & State 23 Coconut Grove, FL	City & State 28 Coconut Grove, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33133	Zip 29 33133	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHILLINGER, LEE H 4001 SHERIDAN STREET SUITE 202 HOLLYWOOD FL 33021		JUDITH BURKE 201 S. Biscayne Blvd. Miami, FL 33131	
81 Name	Corporation Company of Miami		
82 Street Address (P.O. Box Number is Not Acceptable)	201 S. Biscayne Boulevard		
83	1600 Miami Center		
84 City	Miami	85 Zip Code	33131

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 *Bill Zammas*
Signature, typed or printed name of officer, director, and title if applicable
Bill Zammas, Asst. Secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLOUZ, CHARLES	1.2 NAME	
STREET ADDRESS	441 NE 2nd Ave	1.3 STREET ADDRESS	2801 Florida Avenue
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600002199196--7
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/97--01023--011
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****585.00 ****585.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	041827 9422 023
STREET ADDRESS		6.3 STREET ADDRESS	\$165.00 Bank
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT 97
Bill Zammas 5-2-97

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 or supplemental annual reports 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 trustee or power of attorney or power 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.

CR2E034 (9/96)