

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

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063483 (7)

1. Corporation Name:
FLORIDA MERCHANDISING, CORP.

Principal Place of Business

10300 SUNSET DR
SUITE 411
MIAMI FL 33173

Mailing Address

10300 SUNSET DR
SUITE 411
MIAMI FL 33173-3003

3. Date Incorporated or Qualified
07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0716289

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

CUEVAS, MARIO D
10300 SUNSET DR
SUITE 411
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

DE LAS CUEVAS, MARIO

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

10300 S.W. 72 STREET SUITE 411

83

84 City

MIAMI

FL

85 Zip Code

33173

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 of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CUEVAS, MARIO D
10300 SUNSET DR SUITE 411
MIAMI FL 33173

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
DE LAS CUEVAS, MARIO
10300 S.W. 72 STREET SUITE 411
MIAMI, FLORIDA 33173.

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
S
MASON GRACIELA
10300 S.W. 72 STREET SUITE 411
MIAMI, FLORIDA 33173.

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
T
DE LAS CUEVAS, FLORA
10300 S.W. 72 STREET SUITE 411
MIAMI, FLORIDA 33173.

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 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

4/29/97

Date

305-596-1606

Daytime Phone

CR2E034 (9/96)