CITY-ST-ZIP

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000063483 (7) FLORIDA MERCHANDISING, CORP. Principal Place of Business Mailing Address 10300 SUNSET DR 10300 SUNSET DR SUITE 411 MIAMI FL 93173 SUITE 411 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/26/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0716289 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May B 6. Election Campaign Financing 23 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DE LAS CUEVAS, MARIO DE ORA 10300 \$.W. 72 ST 62 Street Address (P.O. Box Number is Not Acceptable STE. 411 83 **MIAMI FL 33173** 84 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. Flore SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DE LAS CUEVAS, MARIO NAME 1.2 NAME 10300 S.W. 72 ST, STE. 411 STREET ADDRESS 1.3 STREET ADORESS MHAMI FL CITY-ST-ZIP 1.4 CITY-ST-7IP - TREA. DELETE ☐ Change Addition TITLE 2.1 TITLE NAME **GRACIELA. MASON** 2.2 NAME STREET ADDRESS 10300 S.W. 72 ST, STE. 411 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TRES. DELETE PRES. **C**hange TITLE 3.1 TITLE Addition **DE LAS CUEVAS, FLORA** 3.2 NAME 10300 S.W. 72 ST, STE, 411 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZWP 3.4. CITY-ST-ZIP DELETE 4.1 TETLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE Addition 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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.