

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

FILED

Jun 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # PA600009/023 (3)
1. Corporation Name

NO Mercy Inc.

Principal Place of Business

13301 NW 38th Court
Miami, FL 33054

Mailing Address

110 Blue Ravine Road
Suite 105
Folsom, CA 95630

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

DAVID J. POWERS, ESQ.
BROAD AND CASSEL
7777 Glades Road, Suite 300
Boca Raton, Florida 33434

3. Date Incorporated or Qualified

11-19-96

4. Tax Number

65 071 4795

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 Registered Agent (Required when installing)

(Required Agent signature required when installing)

TEAL

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Fernandez, Alexander
8320 NW 154th Terrace
Miami Lakes, FL 33016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Fernandez, Angel
8320 NW 154th Terrace
Miami Lakes, FL 33016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
President & Director
Fernandez, Alexander
13301 NW 38th Court
Miami, Florida 33054

☒ Change

☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
Vice Pres./Sec./Director
Fernandez, Angel
8320 NW 154th Terrace
Miami Lakes, FL 33016

☒ Change

☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change

☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied on this form does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information
included on this 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13. If not, please explain the reason without penalty.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)