SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE (\$\tilde{w}\)130/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700006955 (3)

FILED Aug 13 1998 8:00am Secretary of State

MERCE	DES CONSULTING, INC.	(-,		
Principal Place	e of Business	Mailing Address		
2000 ISLAND BLVD. 2000 ISLAND BLVD.				
SUITE 2604 SUITE 2604				
WILLIAMS ISLAND. AVENTURA FL 33160 WILLIAMS ISLAND. AVENTUR			RA FL 33160	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
İ				01/24/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0721316 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22 27			Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23 28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25		30	Personal Property Tax due June 30. Yes No
DEA	9. Name and Address of Current	·	81 Name	10. Name and Address of New Registered Agent
TIEGISTERED AGENT GETTIOLO, INC.				
SUITE 300, RIVERGATE PLAZA 82 Street Address (P.O. Box Number is Not Accept				Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AVE. MIAMI FL 33131 83 83				
MIAN	MI FE 33 13 1		WI	Mams Is LAND
			B4 City	AVENTURA FL 85 33760
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 fith, and accept the obligations of, section 607,0505, Florida-Statutes.				
	am tamillar with, and accept the obliga	tions of, section 607.0505, Flori	da statutes. [LAURIE	SHUSTACK) aug 7/98.
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	Registered Agent signature	a required when reinstation)
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ס	DELETE	1.1 TRTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT Change Waddition TRWIN WAY 2000 FSLAND BUD H2604 WILLIAMS TS. EVENTURA FU 33/60
NAME	SHUSTACK, LAURIE		1.2 NAME	IRWIN WAY
STREET ADDRESS			1.3 STREET ADDRESS	2000 FSLAND BUD HOLOY
CITY-ST-ZIP	WILLIAMS ISLAND, AVENTURA	FL 33160	1.4 CITY-ST-ZIP	WILLIAMS IS. AVENTURAFU 33/60 8
TITLE		DELETE	2.1 TITLE	VICE PRESTDENT Change Change
NAME			2.2 NAME	LAURIE SHUSTACK
STREET ADDRESS			2.3 STREET ADDRESS	2000 ISLAND BLUD #2604
CITY-ST-ZIP			2.4 CITY-ST-ZIP	WILLIAM IS, AVENTURA FL33/61
TITLE		DELETE	3.1 TITLE	SECLETARY Change Waddition
NAME			3.2 NAME	LAUCIE SHUSTACK 2009.
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WILLIAMS IS - AVENTURA PL33160
TITLE		DELETE	4.1 TITLE	L_I Change L_ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		The same	4.4 City-ST-ZiP 5,1 TitlE	
NAME		DELETE	5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	
i			5.4 City-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME		L" DECE IE	6.2 NAME	Change [] Addition
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP		,	6.4 CITY-ST-ZIP	
	wife that the information supplied with	this filing does not qualify for the		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 received to 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 lattachment with an address.