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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000036619 (9)

INTERNET MERCHANTS CORPORATION

Principal Place of Business

Mailing Address

15821 S.W. 106TH TERRACE

## FILED Feb 23 1998 8:00am Secretary of State



15821 S.W. 106TH TERRACE MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 160 SUITE Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country Country This corporation owes or has paid the current year Intangible 20 31810 9. Name and Address of Current Registered Agent USA Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent B1 Name COCA, GILBERTO JR. 15821 S.W. 106TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33196** 83 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. PST □ DELETE 1.1 TITLE Change Addition TITLE COCA, GILBERTO JR. 1.2 NAME NAME 15821 S.W. 106TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADORESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 tage 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 employeered to accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 40 are attachment within a settless. an attachment with an