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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90036 035 ***150.00

DOCU	MENT # P97000	03661	9		3	./			
i. Corporate	ET MERCHANTS CORPORA			,	/	·			
Principal Plac	e of Business	Mailing Ad	dress			O NYMETONIA SEMILATANA	DŽIJI DELII 1011 COK	OO II HA GITIN ALI	DY CYDYN IND UNDY
11762 N KENDA	•	Malling Address 11762 N KENDALL DR STE 160 MAMI FL 30186 2a. Mailing Address 1b. Do NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/23/1997. — 4. FEI Number 25. Suite, Apt. #, etc. 25. City & State 26. City & State 27. City & State 28. This corporation owes the current year intensible 29. This Corporation owes the current year intensible 29. So Description of the property Tax. So Description of the purpose of changing its registered Agent 10. Name and Address of New Registered Agent 11. Name ANGEL GOLINGANO CE 82. Stroot Address (P.O. Box Number is Not Acceptable) 83. The Corporation of the Corporation of the purpose of changing its registered Agent 81. Name ANGEL GOLINGANO 82. Stroot Address (P.O. Box Number is Not Acceptable) 83. The Corporation of the corporation of the purpose of changing its registered Agent of directors. I hereby accept the appointment as registered and of directors. I hereby accept the appointment as registered Agent of directors. I hereby accept the appointment as registered Agent of Delete Address Not Angell (Change Addition Agent) R. THE STATE ADDITIONS/CHANGES TO OFFIGERS AND DIRECTORS IN 12 PRESIDENT Addition Delete Attrice 12. NAME 13. STREET ADDRESS 14. CITY TIPE 22. NAME 13. STREET ADDRESS 14. CITY TIPE 22. NAME 14. Change Addition 15. Change Addition 16. Change Addition 17. Change Addition 18. Change Addition 18. Change Addition 19. Change Addition							
STE 160				•	ļ				
MIAMI FL 3318	6		Melling Address Malling Address The 190 Not Write in This SPACE 3. Date incorporated or Qualified OA/20/1997 - 2a. Melling Address 4. FEI Number 65-07584 10 - Sulfie, Apt. #, etc. City & State City & State City & State 2b						
US		US				04/23/1997	ialitad		
2. Principal P	lace of Business	2a. Mailing	Address			· **			Applied For
21			· <u></u>			65-0758410 -			
Suite, Apt.	#, etc.	<u> </u>	Apt. #, etc.			5. Certificate of Status Des	ired 🔲		
City & Stat	e		State	·		•	ncing 🔲		
Zip	Country			Country			e current year		
24	25	29		30					12 100
	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of	New Registers	d Agent	
				81 Nam	"AN	ach Golina	JA NO		
	A, GILBERTO JR.		-	82 Stre			• •	. /=	
	21 S.W. 106TH TERRACE				306	MILLS DR	SUITE	148	
MIAN	Al FL 33196			83		,	·		
		Ċ,	1	/ [1]	MIL	am /	F	1 3	2733
11. Pursuant	to the profisions of Sections 697.050	2/and 607.1508	, Florida Statute	s, the above-name	d corpora	ation submits this statement t	or the purpose	of changing if	ts registered
office or r	egistered agent, or beth, in the State	of Florida. Such	change was au	thorized by the co	(Doration	s board of directors. I hereby	accept the app	ointment as I	registered
SIGNATURE	1/9/Wal 1/0	24.		1//			07/2	2/99	 _
12.				143/			O OFFICERS	AND DIRECT	ORS IN 12
TITLE	PST	<i>p</i> 02010.10		zi mle	PR	STARAT			
NAME	COCA, GILBERTO JR.		, r		امترا	0. المامين	EL		
STREET ADDRESS	15821 S.W. 106TH TERRACE			13 STREET ADDRESS &		06 MILLS DR	PWP 1	48	
CITY-ST-ZIP	MIAMI FL 33196				MI	AMI, PL	33183		
TITLE	V		DELETE					☐ Change	Addition
NAME	CARBO, CLARISSA		v -	2.2 NAME					
STREET ADDRESS	11762 N. KENDALL DRIVE, #16	30		2.3 STREET ADDRES	ss				
CITY-ST-ZIP	MIAMI FL 33186	· .	-	1 7			*		
TITLE	<u> </u>		DELETE		1			Change	Addition
NAME				3.2 NAME	1.			••	
STREET ADDRESS				3.3 STREET ADDRES	ss	•			
CITY-ST-ZIP				3.4. CITY-ST-ZIP	.1	•			
TITLE			DELETE		7			☐ Change	Addition
NAME .				4.2 NAME	-				
STREET ADDRESS				4.3 STREET ADDRES	ss				
CITY-ST-ZIP				4.4 CITY-ST-ZIP				_ 	
TITLE			DELETE					☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRES	ss į				
CITY-ST-ZIP				54 CITY-ST-ZIP					
TITLE	•		[] DELETE	5.1 TITLE	1			☐ Change	☐ Addition

14. I hereby certify that the information indicated on this annual report of softier or director of the compraint Block 12 or Block 13 if change for nd does not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information apport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an affect empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

(305) 389-8190