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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9700 L MERCHANDISING GROU				HARA 1888 1888 8888 888 888 888
Principal Place	e of Business	Mailing Address			
13780 S.W. 5		13780 S.W. 56TH STREE	FΤ		
#202 #202 MIAMI FL 33175 MIAMI FL 33175			-1		
				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
9 Principal D	ace of Business	2a. Mailing Address		04/28/1997 4. FEI Number	I A-G-IF-
21	lace of business	26. Walling Address		65-0769294	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
2	,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		8. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
4	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
ففلر	I ldinado , patricia a 🛮 🖎	aldonado	81 Name		
13780 S.W. 56TH STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#202					
Mu	AMI FL 33175		83		
			84 City		85 Zip Code
				F	LII
office or re agent. I a	to the provisions or Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	ouz and 607.1508, Florida Statu le of Florida. Such change was gations of, Section 607.0505, F	tes, the above-named col authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	or changing its registered ppointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	gent and title if applicable (NO NO DIRECTORS	15: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTORS IN 12
TITLE	PTS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MALDONADO, PATRICIA A	vicin	1,2 NAME		C Duratile C Monton
STREET ADDRESS	10000 0111 00011 0000000 0000		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	MINUM 1 E 00170	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	:4	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		- —
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 changes of on an attachment with an address.

SIGNATURE:

FILED

Apr 02 1998 8:00am

Secretary of State