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

DOCUMENT # P97000048875

MERCOSUL CONSULTING, INC.

Principal Place of Business 3191 CORAL WAY SUITE 115-147 MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

21522 ST ANDREWS GRAND CIR BOCA RATON FL 33486

US

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27

28

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90189 018 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/03/1997

65-0760377

4, FEI Number

Country	Zip	Country		This corporation owes the current year Intangible					
25	9	30		Pen	sonal Property T	ax.	i⊿ Yes	□No	
				10. Name and Address of New Registered Agent					
		81	Name						
Fernandez, Eduardo			Street Add	trace (P.O. F	Roy Number is N	iot Accentable)			
Brickell key drive, suite 400		02	Sileet Add	11000 (1 .0. 0	SOX HOMBON IS I	iot riccopiacio,	•		
II FL 33131		83							
									
		84	City			F	85 2	ip Code	
to the provisions of Sections 607 0502 and	1 607 1508 Florida Sta	tutes, the above	e-named cor	poration sub	mits this statem	ent for the purpose	of changing	its registered	
edistered agent, or both, in the State of Flu	orida. Such change was	s authorized by	the corporat	tion's board	of directors. I he	reby accept the ap	pointment as	registered	
n familiar with, and accept the obligations	of, Section 607.0505, I	Fionda Statutes							
	itta if applicable (NC	TE: Penietared Agen	t signature requir	red when reinstat	ina)	DATE			
•			t signature requir				AND DIREC	TORS IN 12	
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•				21522	ST ANDR	EWS GRAND	CIR		
			T	BACA	ATON F	L 33486			
MIAMI FL 33145	C) per cre						□ Chanc	e X Addition	
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			747	IKIAM	2777327	Sure GANG	Cia		
		2.3 STREET	ADDRESS	<i>115</i>	ST AMOR				
		2, 4 CITY-S	T-ZIP E	SOCA K	ATON F	1 33476			
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		3.2 NAME							
		3.3 STREET	ADORESS						
		3.4. CITY-S	T-ZIP						
	☐ DELETE	4.1 TITLE					Chang	ge 🗀 Addition	
		4. 2 NAME							
		4.3 STREET	ADDRESS						
		4.4 CITY-S	T-ZiP			•		·	
	☐ DELETE	5.1 TITLE				* .	☐ Chang	ge 🔲 Addition	
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		53 STREE	ADDRESS						
		54 CITY-S	T-ZIP						
	☐ DELETE	6.1 TITLE					Chang	ge Addition	
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			TADDRESS						
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	9. Name and Address of Current Rev VANDEZ, EDUARDO BRICKELL KEY DRIVE, SUITE 400 AI FL 33131 To the provisions of Sections 607.0502 amegistered agent, or both, in the State of Florm familiar with, and accept the obligations Signature, typed or printed name of registered agent and to OFFICERS AND DI D LAMBERTI, CARLOS A 3191 CORAL WAY SUITE 115-147 MIAMI FL 33145	9. Name and Address of Current Registered Agent VANDEZ, EDUARDO BRICKELL KEY DRIVE, SUITE 400 All FL 33131 Ito the provisions of Sections 607.0502 and 607.1508, Florida Stategistered agent, or both, in the State of Florida. Such change was marmiliar with, and accept the obligations of, Section 607.0505, Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS D	9. 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Box Number is N B4 City 10 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signalure, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANG 14. City OFFICERS AND DIRECTORS 14. City I TITLE I TITLE I TITLE I TITLE I STREET ADDRESS 14. 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Street Address (P.O. Box Number is Not Acceptable) 19. Acceptable is	

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 13 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/18/99

305-374-2855

ZE034 (11/30)