


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90120 015 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054097

1. Corporation Name

TENARES MERCANTILE INC.



Principal Place of Business 12350 N.W. 7 TR. MIAMI FL 33182	Mailing Address 12350 N.W. 7 TR. MIAMI FL 33182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2281 N.W. 28 ST Suite, Apt. #, etc. 22 13 City & State 23 MIAMI FL Zip 24 33142		2a. Mailing Address 26 2281 N.W. 28 ST Suite, Apt. #, etc. 27 13 City & State 28 MIAMI Zip 29 33142		3. Date Incorporated or Qualified 06/15/1998		4. FEI Number 650-837150		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LANTIGUA, ADDIS 12350 N.W. 7 TR. MIAMI FL 33182				10. Name and Address of New Registered Agent 81 Name ADDIS LANTIGUA 82 Street Address (P.O. Box Number is Not Acceptable) 2281 N.W. 28 ST # 83 84 City MIAMI FL 85 Zip Code 33142			
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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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SINCE			
TITLE	D	NAME	GARCIA, RICHARD	1.1 TITLE	JOHNNY MATTHEW	Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	12350 N.W. 7 TR.	STREET ADDRESS	12350 N.W. 7 ST TRAIL	1.2 NAME	JOSE A CANNAN	Change	<input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	MIAMI FL 33182	CITY-STATE-ZIP	MIAMI FL 33131	1.3 STREET ADDRESS	499 BRICKEL BOY DRIVE	Change	<input checked="" type="checkbox"/> Addition
TITLE	D	NAME	LANTIGUA, ADDIS	2.1 TITLE	VICE PRESIDENT	Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	12350 N.W. 7 TR.	STREET ADDRESS	12350 N.W. 7 TR.	2.2 NAME	JOSE A CANNAN	Change	<input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	MIAMI FL 33182	CITY-STATE-ZIP	MIAMI FL 33131	2.3 STREET ADDRESS	499 BRICKEL BOY DRIVE	Change	<input checked="" type="checkbox"/> Addition
TITLE		NAME		2.4 CITY-STATE-ZIP	MIAMI FL 33131	Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		3.1 TITLE		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP		3.2 NAME		Change	<input type="checkbox"/> Addition
TITLE		NAME		3.3 STREET ADDRESS		Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		3.4 CITY-STATE-ZIP		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP		4.1 TITLE		Change	<input type="checkbox"/> Addition
TITLE		NAME		4.2 NAME		Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP		4.4 CITY-STATE-ZIP		Change	<input type="checkbox"/> Addition
TITLE		NAME		5.1 TITLE		Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		5.2 NAME		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP		5.3 STREET ADDRESS		Change	<input type="checkbox"/> Addition
TITLE		NAME		5.4 CITY-STATE-ZIP		Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP		6.2 NAME		Change	<input type="checkbox"/> Addition
TITLE		NAME		6.3 STREET ADDRESS		Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		6.4 CITY-STATE-ZIP		Change	<input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP					

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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johnny Matthew*

5 03 99 305 638-2910

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date Daytime Phone #

CR2034 (1/98)