PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800098553

MERCURY CONSULTING COMPANY

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90012 027 ***550.00

Principal Place of Business Mailing Address						
80 SOUTHWEST 8TH ST. 80 SOUTHWEST 8TH ST.						
SUITE 2000		SUITE 2000			DO NOT WRITE IN THE CRACE	
MIAMI FL 33130) .	MIAMI FL 33130			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 11/24/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21	26			Not Applicable		
Suite, Apt.	#, etc.	→ Table 1, France 2, 100 miles 1, 100 m	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	
City & State		City & State	The state of the s		6. Election Campaign Financing \$5.00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	
24	25	29			Intangible Personal Property. Yes No	
	9. Name and Address of Currer	nt Registered Agent		т	10. Name and Address of New Registered Agent	
	DU 4140/FD		81	81 Name		
AMERILAWYER 343 ALMERIA AVENUE			82	Street Add	at Address (P.O. Box Number is Not Acceptable)	
	AL GABLES FL 33134		83			
			84	City	E 85 Zip Code	
				<u> </u>	oration submits this statement for the purpose of changing its registered	
l office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth ations of, section 607.0505, Florid	horized by la Statute:	the corporat	tion's board of directors. I hereby accept the appointment as registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist				Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	President, Sec	TETATVIXI	DELETE 1.1 TITLE			
TITLE NAME	Treasurer	_	1.2 NAME		President	
STREET ADDRESS	Laura A. Meeha	n te Drive, #3706			300 South Pointe Drive, #3706	
CITY-ST-ZIP	Miami Beach, F		1.4 CITY-ST-ZIP		Miami Beach, FL 33139	
TITLE	Miami Beach, r	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		•	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		3.3		T ADDRESS		
CITY-ST-ZIP			3.4 CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	T ADDRESS		
CITY-\$T-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		—	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE 6.2 NAME		Change Addition	
NAME	,	—				
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		
14. I hereby c			exemption	n stated in se	ection 119.07(3)(i), Florida Statutes. I further certify that the information ee shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears	