

DOCUMENT # P99000099170

1. Entity Name

MERCHANTS INTERNATIONAL FINANCIAL SERVICES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90098 013 \*\*\*150.00

Principal Place of Business: 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126
Mailing Address: 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126-7002

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip
Country

4. FEI Number: 65-0963489
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEDER, NATHAN I
5200 BLUE LAGOON DRIVE SUITE 600
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] \$5.00 May Be Added to Fees

Table with 7 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 7 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change, and Addition checkboxes.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with either title empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
Date: 1/4/00 Daytime Phone #: (305)-267-9200

CR2593 (10/00)