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

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**

STREET ADDRESS

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortjum

Secretary of State

DIVISION OF CORPORATIONS

S98704

(7)

FILED

Apr 27 1998 8:00am

Secretary of State

Principal Place SCENIE S SUME 606A ST X/MOERCY	TRADING, INC. TO Business THER BR	Mailing Address SON MODIE NIMEROR SOUTE SON X AX INDIRRONALE H. XXXX		DO NOT WRITE IN THIS 12/05/1991	
2. Principal PI	NW 97th Ave	26. Mailing Address	th AVE	4. FEI Number	Applied For
		26 Suite, Apt. #, etc.	CII AVE	65-0299433	Not Applicable
Sulte, Apt. 1	#, 9 (C.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami	Florida	28 Miami Flor	ida Country	Trust Fund Contribution	Added to Fees
Zip	Country		_	8. This corporation owes or has paid the cur	
24 33172		29 33172 3	o US	, , , , , , , , , , , , , , , , , , , ,	Yes You
S/A	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
MATATION OF METAL PROPERTY OF MICHAEL PROPERTY			82 Street Add 2	RMANDO MENDIVE dress (P.O. Box Number is Not Acceptable) 50 CATALONIA AVE UITE 705 CORAL GABLES . FI	85 Zip Code 33134
	to the provisions of Sections 607.050 egistered agent of both in the State on familiar with and agreen the oblig	2 and 607.1508. Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Flori	1 1 '	PORAL GABLES , FL reporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registroy ago	int and title diapplicable (NOTE: I	Registered Agent signature req		<i></i>
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RINCON, LUIS A JR. 4001 N. OCEAN BLVD., #A6	n4	1.2 NAME		
STREET ADDRESS	BOCA RATON FL	V (1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOOK RATOR TE	DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1-ZIP		
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 TITLÉ		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Delete	4.4 CITY-ST-ZIP		Observa E Addition
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

CITY-ST-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 chargest or on an avaichment will an address.