

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63067 (5)**

1. Corporation Name
LITTLE RIVER MERCHANDISERS, INC.



Principal Place of Business: **7541 N.E. 3RD PLACE MIAMI FL 33138**
Mailing Address: **7541 N.E. 3RD PLACE MIAMI FL 33138**

3. Date Incorporated or Qualified: **09/11/1992**
3a. Date of Last Report: **02/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
65-0389675	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUS DE RIBEAUX,ESQ
2903 SALZEDO STREET
THE VICTORIA BUILDING
CORAL GABLES FL 33134**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARIN, CARLOS	
STREET ADDRESS	1000 PONCE DE LEON BLVD., STE. 306	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALFONSO, JORGE	
STREET ADDRESS	1000 PONCE DE LEON BLVD., STE. 306	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	RENATO, BARRERO R	
STREET ADDRESS	1000 PONCE DE LEON BLVD., STE. 306	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
2	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	Raul Gonzalez
23	STREET ADDRESS	7541 NE 3rd Place
24	CITY-ST-ZIP	Miami, Fl 33138
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
4	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42	NAME	Secretary
43	STREET ADDRESS	Carlos Garcia
44	CITY-ST-ZIP	7541 NE 3rd Place
45	CITY-ST-ZIP	Miami, Fl 33138
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Carlos M Garcia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (205) 758-1089
Date Phone #

CR2E034 (12/95)