

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**

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

4. FEI Number: **65-0389675** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 **FL** 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 |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 2. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Raul Gonzalez |
| 3. STREET ADDRESS | 7541 NE 3rd Place |
| 4. CITY-ST-ZIP | Miami, Fl 33138 |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4. NAME | Secretary |
| 4. STREET ADDRESS | Carlos Garcia |
| 4. CITY-ST-ZIP | 7541 NE 3rd Place |
| 5. CITY-ST-ZIP | Miami, Fl 33138 |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY-ST-ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. 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)