

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # V63067 (5)
 1. Corporation Name
LITTLE RIVER MERCHANDISERS, INC.



Principal Place of Business Mailing Address
7541 N.E. 3RD PLACE 7541 N.E. 3RD PLACE
MIAMI FL 33138 MIAMI FL 33138-4919

3. Date Incorporated or Qualified **09/11/1992** 3a. Date of Last Report **05/01/1996**
 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

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

9. Name and Address of Current Registered Agent
GUS DE RIBEAUX,ESQ
2903 SALZEDO STREET
THE VICTORIA BUILDING
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN, CARLOS	1.2 NAME	<i>Carlos Marin</i>
STREET ADDRESS	1000 PONCE DE LEON BLVD., STE. 308	1.3 STREET ADDRESS	<i>7541 N.E. 3rd. Place</i>
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	<i>Miami, Fla. 33138</i>
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAUL	2.2 NAME	
STREET ADDRESS	7541 NE 3RD PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENATO, BARRERO R	3.2 NAME	<i>Renato Barrero R.</i>
STREET ADDRESS	1000 PONCE DE LEON BLVD., STE. 308	3.3 STREET ADDRESS	<i>7541 N.E. 3rd. Place</i>
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	<i>Miami, Fla. 33138</i>
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CARLOS	4.2 NAME	<i>Carlos Garcia</i>
STREET ADDRESS	7541 NW 3RD PLACE	4.3 STREET ADDRESS	<i>7541 N.E. 3rd. Place</i>
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	<i>Miami, Fla. 33138</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: _____ Date **4/28/97** Daytime Phone # **758-1089**

CR2E034 (9/96)