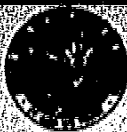


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:03**

DOCUMENT # V63697 (9)

1. Corporation Name

MERCOSUR CONSOLIDATORS, CORP.

Principal Place of Business

6135 NW 167TH STREET
E-22
MIAMI FL 33015
US

Mailing Address

6135 NW 167TH STREET
E-22
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0354119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUR, LAZARO J.
ONE SOUTH EAST 3RD AVE, #1840
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2600 DOUGLAS ROAD SUITE 501

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MUR, LAZARO J.
STREET ADDRESS	51 GLEN ROYAL PARKWAY
CITY, ST, ZIP	MIAMI FL
TITLE	P
NAME	FERNANDEZ, LOURDES
STREET ADDRESS	5651 S.W. 88TH AVE
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	BARCIA, MARITZA
STREET ADDRESS	8940 N.W. 148TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 as an attachment with an address.

SIGNATURE: *Marta Band*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/27/95 (305) 382-1882
(Date) (Telephone)