


ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90038 024 ***158.75

DOCUMENT # K64741		
1. Entity Name MINVEST CORPORATION		
Principal Place of Business 30 W. MASTHA DR. SUITE #500 KEY BISCAVNE, FL 33149	Mailing Address 30 W. MASTHA DR. SUITE #500 KEY BISCAVNE, FL 33149	
2. Principal Place of Business 16300 NE 19 AVENUE	3. Mailing Address 16300 NE 19 AVENUE	
Suite, Apt. #, etc. 225	Suite, Apt. #, etc. 225	
City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL	
Zip 33149	Country USA	Zip 33149
	Country USA	



03192004 Chg-P CR2E034 (10/03)

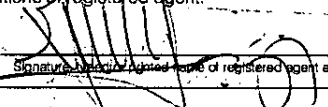
4. FEI Number
65-0168230

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CASANHO, JEANCARLO F 30 W. MASHTA DR., STE 500 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name CASTANHO, JEANCARLO Street Address (P.O. Box Number is Not Acceptable) 16300 NE 19 AVENUE City NORTH MIAMI BEACH FL Zip Code 33149	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 03/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARQUEZ, NILSON 30 W. MASHTA DR., STE 500 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONFIGLIOLI, RODOLFO 30 W. MASHTA DR., STE 500 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CASTANHO, JEANCARLO 30 W. MASHTA DR., STE 500 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONFIGLIOLI, ALBERTO 30 W. MASHTA DR., STE 500 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/04 03/29/04

Date

Duration Phone #