

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

FILED

Apr 23 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 # P96000021017 (4)

1. Corporation Name
MINERA MASVIDAL, INC.



Principal Place of Business: 19 W FLAGLER ST. SUITE 414 BISCAYNE BUILDING MIAMI FL 33130
Mailing Address: 19 W FLAGLER ST. SUITE 414 BISCAYNE BUILDING MIAMI FL 33130-4404

3. Date Incorporated or Qualified: 03/07/1996
3a. Date of Last Report: [check]
4. FEI Number: [check] 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 [x] No

2. Principal Place of Business: 21 19 WEST FLAGLER ST SUITE 414 BISCAYNE BLDG MIAMI, FL 33130
2a. Mailing Address: 26 P.O. BOX 143657 CORAL GABLES, FLA 33114-3657 U.S.
22. City & State: MIAMI, FLA
23. City & State: CORAL GABLES, FLA
24. Zip: 33130
25. Country: U.S.
29. Zip: 33114-3657
30. Country: U.S.

9. Name and Address of Current Registered Agent
DIAZ-MASVIDAL, ALBERTO
19 W FLAGLER ST, SUITE 414
BISCAYNE BUILDING
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: DIAZ-MASVIDAL ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 19 W. FLAGLER
83 SUITE 414 BISCAYNE BLDG
84 City: MIAMI, FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0532 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] ALBERTO DIAZ MASVIDAL 4/15/97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DIAZ-MASVIDAL, ALBERTO	
STREET ADDRESS	19 W FLAGLER ST, SUITE 414	
CITY- ST- ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] ALBERTO DIAZ MASVIDAL 4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)