

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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 19 W FLAGLER ST SUITE 414 BISCAYNE BLDG MIAMI, FL 33130	22. Mailing Address P.O. BOX 143657 CORAL GROVES, FLA 33114-3657
23. City & State MIAMI, FL	24. City & State CORAL GROVES, FLA
25. Zip 33130	26. Zip 33114-3657
27. Country U.S.	28. 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 607.0502 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: *Alberto Diaz Masvidal* ALBERTO DIAZ MASVIDAL 4/15/97
(NOTE: Registered Agent signature required when reinstating) DATE

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: *Alberto Diaz Masvidal* ALBERTO DIAZ MASVIDAL 4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)