

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 WEST FLAGLER ST BISCAYNE BUILDING SUITE 416 MIAMI FL 33130 US**

Mailing Address: **P.O. BOX 143557 CORAL GABLES FL 33114-3557 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1996

2. Principal Place of Business: **1105 S.W. 133 CT**

2a. Mailing Address: **Suite, Apt. #, etc.**

22. City & State: **MIAMI, FLA**

23. Zip: **33186** Country: **U.S.**

4. FEI Number: **APPLIED FOR** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DIAZ-MASVIDAL, ALBERTO
19 WEST FLAGLER, BISCAYNE BUILDING
SUITE 416
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): **1105 S.W. 133 CT**

83

84 City: **MIAMI** FL 85 Zip Code: **33186**

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]* **ALBERTO DIAZ MASVIDAL** DATE: **4/20/98**

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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIAZ MASVIDAL ALBERTO	
1.3 STREET ADDRESS	1105 S.W. 133 CT	
1.4 CITY-ST-ZIP	MIAMI, FLA, 33186	
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 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** DATE: **4/20/98** (305) 388-6400

CR2E034 (10/97)