

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028090 (4)
1. Corporation Name
SAYOD INT'L (USA) INC.



Principal Place of Business 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135	Mailing Address 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135-3252
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3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1766 NW 82 AV Suite, Apt. #, etc.	2a. Mailing Address 26 1766 NW 82 AV Suite, Apt. #, etc.
22 City & State MIAMI FL	27 City & State MIAMI FL
23 Zip 33126 Country USA	29 Zip 33126 Country USA

4. FEI Number 65-0694034	Applied For 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	

9. Name and Address of Current Registered Agent
**DUARTE, MANUEL MR
2135 S.W. 6TH STREET APT. 18
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name MANUEL A. DUARTE
82 Street Address (P.O. Box Number is Not Acceptable)
83 909 W 79 ST
84 City HIALEAH FL
85 Zip Code 33014

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	ODIO, MARIETTA	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	
NAME	SAENZ, JULIO MR	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	
NAME	DUARTE, MANUEL MR	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	
CITY-ST-ZIP	MIAMI FL 33135	
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	909 W 79 ST		
1.4 CITY-ST-ZIP	HIALEAH FL 33014		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	909 W 79 ST		
2.4 CITY-ST-ZIP	HIALEAH FL 33014		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS	909 W 79 ST		
3.4 CITY-ST-ZIP	HIALEAH FL 33014		
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:  DATE: **4/28/97 (305) 512 0249**

CR2E034 (9/96)