

PROFIT CORPORATION ANNUAL REPORT 1996-1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **\$11000 (4)**
Corporation Name
ALYSAB, INC.

Principal Place of Business: BOX N 4837 NASSAU, BAHAMAS -7000
Mailing Address: BOX N 4837 NASSAU, BAHAMAS -7000

3. Date Incorporated or Qualified: 11/06/1990
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
1. Mailing Address: 40 BDPB ONE S.E. THIRD AVENUE
2. Suite, Apt. #, etc.: 15TH FLOOR
3. City & State: MIAMI, FL
4. Zip: 33131 Country: USA

4. FEI Number: 65-022677
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 No

9. Name and Address of Current Registered Agent
BRANT, BARRY
1900 SW THIRD AVE
SUITE 212
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 40 BDPB ONE S.E. THIRD AVENUE
83 15TH FL
84 City: MIAMI FL 85 Zip Code: 33131

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURDIN, YVES	1.2 NAME	
STREET ADDRESS	CHARLOTTE HSE. SHIRLEY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU BAHAMAS	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURDIN, MATTY	2.2 NAME	
STREET ADDRESS	CHARLOTTE HOUSE CHARLOTTE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU BA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP BARRY BRANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	% BDPB
STREET ADDRESS	→	3.3 STREET ADDRESS	1 SE THIRD AVE 15TH FLOOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33131 USA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Handwritten Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barry Brant* BARRY BRANT V.P. 4/30/97 (305) 379-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR