

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

FILED

**Mar 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # S29968
1. Corporation Name
MONALISA IMPORT EXPORT CORP.

(2)



Principal Place of Business:
**2315 N.W. 107TH AVE., BOX #13
MIAMI FL 33172**

Mailing Address:
**2315 N.W. 107TH AVE., BOX #13
MIAMI FL 33172-2164**

2. Principal Place of Business:		2a. Mailing Address:	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent			

3. Date Incorporated or Qualified	3a. Date of Last Report
02/06/1991	04/04/1996
4. FEI Number	Applied For
65-0242927	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 intangibles tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

**WLMC REGISTERED AGENT INC.
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131**

81	Name	WLMCS REGISTERED AGENTS, INC.
82	Street Address (P.O. Box Number is Not Acceptable)	701 BRICKELL AVE.
83		SUITE 2000
84	City	MIAMI
85	Zip Code	FL 33131

11. Pursuant to the provisions of Sections 607.0207 and 607.1403, 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 607.0207, Florida Statutes.

SIGNATURE: *Saturn E. Lugo*

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VTS HAMMOUD, SADEK
STREET ADDRESS	1627 BRICKELL AVE. #2706
CITY- ST- ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	P HAMMOUD, FAISAL
STREET ADDRESS	AVE. BOUQUERON 310
CITY- ST- ZIP	C.D. ESTE, PARAGUAY
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included in 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 a registered or trustee's employee to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not an officer or director with an address.

SIGNATURE: *Sadek Hammoud* - Sadek Hammoud Jan. 17, 97 (305) 594-9915

CR2E034 (9/96)