FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V34069** **(7)**

1. Corporation Name

PODER HOLDINGS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1501 VENERA AVENUE 210 CORAL GABLES FL 33146 US	1501 VENERA AVENUE 210 CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: **05/06/1992**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0334414** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2937 SW 27 AVE	26 2937 SW 27 AVE
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33133	Zip 29 33133
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H.
901 PONCE DE LEON BOULEVARD 701
SUITE 510
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE MATTOS VIEIEA, MANOEL		1.2 NAME		
STREET ADDRESS	3191 CORAL WAY #510		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MARINI, LINO D		2.2 NAME	MARINI, LINO D	
STREET ADDRESS	1401 BRICKELL AVE, STE 320		2.3 STREET ADDRESS	2937 SW 27 AVE #201	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	☐ DELETE	3.1 TITLE	DIRECTOR, TREASURY	☒ Change ☐ Addition
NAME	MARINI, OTTORINO		3.2 NAME	MARINI, OTTORINO	
STREET ADDRESS	1501 VENERA AVE #210		3.3 STREET ADDRESS	2937 SW 27 AVE # 201	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ DELETE	4.1 TITLE	PRESIDENT, DIRECTOR, SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	MARCOS MACHADO	
STREET ADDRESS			4.3 STREET ADDRESS	2937 SW 27 AVE #201	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ 01/29/96 305-461 6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #