

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

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Apr 28 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 # **V34069** (7)

1. Corporation Name

PODER HOLDINGS INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
2937 SW 27 AVE 201 MIAMI FL 33133 US	2937 SW 27 AVE 201 MIAMI FL 33133-3772 US

3. Date Incorporated or Qualified 05/06/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 8884 SW 129 terrace	26 8884 SW 129 Terrace

4. FEI Number 65-0334414	Applied For Not Applicable
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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City & State	City & State
23 miami - fl	28 fl - miami

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip	Country	Zip	Country
24 33176	25 USA	29 33176	30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	MACHADO, MARCOS	
STREET ADDRESS	2937 SW 27 AVE #201	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARINI, LINO D	
STREET ADDRESS	2937 SW 27 AVE #201	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARINI, OTTORINO	
STREET ADDRESS	2937 SW 27 AVE #201	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARINI, LINO D
2.3 STREET ADDRESS	8884 SW 129 TERRACE
2.4 CITY-ST-ZIP	MIAMI FL
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARINI, OTTORINO
3.3 STREET ADDRESS	8884 SW 129 TERRACE
3.4 CITY-ST-ZIP	MIAMI, FL.
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97

(305)971-2999

Date

Daytime Phone #

0177076

CR2E034 (9/96)