

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000017647 (7)

1. Corporation Name
TIVADI EXIMPORT CORP.



Principal Place of Business

Mailing Address

6830 INDIAN CREEK
 APT 306
 MIAMI BEACH FL 33141

2015 NW 79 AVE
MIAMI FL 33122

3. Date Incorporated or Qualified 03/09/1993	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0392554	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
DIEHL, HERNAN J
6830 INDIAN CREEK
APT. 306
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
 81 Name **Wilson Batista Campos**
 82 Street Address (P.O. Box Number is Not Acceptable)
6830 Indian Creek 306
 83
 84 City **Miami Beach** **FL** 85 Zip Code **33141**

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 re-stating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input type="checkbox"/>
NAME	VAZQUEZ, CARLOS A	
STREET ADDRESS	6830 INDIAN CREEK 306	
CITY - ST - ZIP	MIAMI BEACH	
TITLE	S	<input type="checkbox"/>
NAME	BATISTA CAMPOS, WILSON	
STREET ADDRESS	6830 INDIAN CREEK #306	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	DIEHL, HERNAN J	
STREET ADDRESS	6830 INDIAN CREEK #306	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	Wilson Batista Campos		
33 STREET ADDRESS	6830 Indian Creek #306		
34 CITY - ST - ZIP	Miami Beach, FL 33141		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: **3-20-1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)