

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 528289 (2)

1. Corporation Name

POTOSI, INC.



Principal Place of Business

3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131

Managing Agent

3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131

2. Principal Place of Business

2a. Managing Agent

26. State Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131

81. Name

82. Street Address (City, State, Zip) (Not Applicable)

83. City

84. State

85. Zip Code

FL

11. Pursuant to the provisions of Section 609.01, Florida Statutes, the above named corporation certifies the 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 609.01, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	V	[] DELETED
NAME	ALVAREZ, RAFAEL Z	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	[] DELETED
NAME	ALVAREZ, RAFAEL	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-STATE-ZIP	MIAMI FL	
TITLE	ASV	[] DELETED
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	[] DELETED
NAME	ALVAREZ, SARA	
STREET ADDRESS	2 S BISCAYNE BLVD. #3400	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	[] DELETED
NAME	ALVAREZ, FEDERICO J	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	
CITY-STATE-ZIP	MIAMI FL	

13.

TITLE	14. Change	[] Change	[] Addition
NAME	15. Change	[] Change	[] Addition
STREET ADDRESS	16. Change	[] Change	[] Addition
CITY-STATE-ZIP	17. Change	[] Change	[] Addition
TITLE	18. Change	[] Change	[] Addition
NAME	19. Change	[] Change	[] Addition
STREET ADDRESS	20. Change	[] Change	[] Addition
CITY-STATE-ZIP	21. Change	[] Change	[] Addition
TITLE	22. Change	[] Change	[] Addition
NAME	23. Change	[] Change	[] Addition
STREET ADDRESS	24. Change	[] Change	[] Addition
CITY-STATE-ZIP	25. Change	[] Change	[] Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Rafael Alvarez

3/16/96

(305) 376 6000

0134234

CR2E034 (12/95)