


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

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97 JUN 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001748
 1. Corporation Name
MULDER COMMERCIAL LTD. CO.

Principal Place of Business	Mailing Address
The Lake Bldg., 1st. Floor P.O. Box 915 Tortola, British Virgin Islands	

3. Date Incorporated or Qualified	3a. Date of Last Report
	04/-04-96

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 140668
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State	28 Coral Gables, FL
24 Zip Country	29 33114 USA

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~**HUDSON, ROBERT F., JR.**
701 Brickell Avenue
Suite 1600
Miami, Florida 33131~~

10. Name and Address of New Registered Agent

81 Name **MJF REGISTERED AGENT CORP.**
 82 Street Address (P.O. Box Number is Not Acceptable) **153 Sevilla Avenue**
 83
 84 City **Coral Gables** FL 85 Zip Code **33134**

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 607.0508, Florida Statutes.

SIGNATURE **Michael J. Freeman, President, MJF Registered Agent Corp.**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Worldwide Corporate Services
STREET ADDRESS	Columbus Center, Road Town
CITY-ST-ZIP	Tortola, BVI
TITLE	P <input type="checkbox"/> DELETE
NAME	MANSFIELD, ABDIEL
STREET ADDRESS	Columbus Center Road Town
CITY-ST-ZIP	Tortola, BVI
TITLE	S <input type="checkbox"/> DELETE
NAME	LEDEZMA, HERIBERTO
STREET ADDRESS	Columbus Center, Road Town
CITY-ST-ZIP	Tortola, BVI
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANSFIELD, ABDIEL
1.3 STREET ADDRESS	Avendia Federico Boyd, No. 33
1.4 CITY-ST-ZIP	Panama 2, Rep. of Panama
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002233074-5
4.3 STREET ADDRESS	-07/08/97--01076--009
4.4 CITY-ST-ZIP	****165.00 ****165.00
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: **Abdiel Mansfield** ABDIEL MANSFIELD, PRESIDENT (305) 442-1567