


Jan 31 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 # F96313
1. Corporation Name
COMUNDI INTERNATIONAL CORPORATION

Principal Place of Business
7100 SW 47TH STREET
SUITE B
MIAMI FL 33155
US

Mailing Address
7100 SW 47TH STREET
SUITE B
MIAMI FL 33155-4630
US

2. Principal Place of Business
21 7132 S.W. 47th Street
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip
24 33155
Country
25 USA

2a. Mailing Address
26 7132 S.W. 47th Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip
29 33155
Country
30 USA

3. Date Incorporated or Qualified
08/13/1982

3a. Date of Last Report
04/30/1996

4. FEI Number
59-2222865

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

9. Name and Address of Current Registered Agent
PERDOMO, MILAGROS
999 PONCE DE LEON BLVD.
SUITE 705
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
85 Zip Code
FL

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 date if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5
1.6
1.7
1.8
1.9
1.10
1.11
1.12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5
1.6
1.7
1.8
1.9
1.10
1.11
1.12

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; 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, on an attachment with an address.

SIGNATURE
Signature, typed or printed name of signing officer or director
Date
Daytime Phone #