

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G22018** (7)
1. Corporation Name
MANASUL INTERNATIONAL CORPORATION U.S.A.



Principal Place of Business
**% GUSTAVO E. CASADO
8000 SW 68TH TERRACE
MIAMI FL 33143**

Mailing Address
**% GUSTAVO E. CASADO
8000 SW 68TH TERRACE
MIAMI FL 33143**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
01/04/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2244293

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
**CASADO, GUSTAVO E.
8000 SW 68TH TERRACE
MIAMI FL 33143**

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 607.0506, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ESCUDERO, PEDRO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONFERRADA	1.2 NAME	
STREET ADDRESS	LEON ESPANA 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV ESCUDERO, SECUNDINO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONFERRADA	2.2 NAME	
STREET ADDRESS	LEON ESPANA 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS DIEZ, MARIA-PAZ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONFERRADA	3.2 NAME	
STREET ADDRESS	LEON ESPANA 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT RUBIO, ALMUDENA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONFERRADA	4.2 NAME	
STREET ADDRESS	LEON ESPANA 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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 in an attachment with an address.

SIGNATURE: **PEDRO ESCUDERO**
Signature and typed or printed name of signing officer or director
4-29-96 (305) 799 9487

CR2E034 (12/95)