

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33143-2602
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3. Date Incorporated or Qualified 01/04/1983	3a. Date of Last Report 05/23/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-2244293	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
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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
FL 85. Zip Code

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 reappointing) DATE _____

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

Daytime Phone #

0199556

CR2E034 (9/96)