

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

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Feb 06 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 # H35617 (0)

1. Corporation Name
MIAMI INTERNATIONAL DEPOSITORY, INC.



Principal Place of Business Mailing Address
361 SOUTH HOLLYBROOK DR. #108 361 SOUTH HOLLYBROOK DR. #108
PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025-1206

3. Date Incorporated or Qualified 12/27/1984 3a. Date of Last Report 04/05/1996

2. Principal Place of Business 21 1703 Vestal Drive Suite, Apt. #, etc. P. H. 22 City & State 23 Coral Springs, FL Zip 33071 Country USA	2a. Mailing Address 26 1703 Vestal Drive Suite, Apt. #, etc. P. H. 27 City & State 28 Coral Springs, FL Zip 33071 Country USA	4. FEI Number 59-2545075 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

KASLINER, N. LLOYD
361 SOUTH HOLLYBROOK DRIVE
#108
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name Same - N. Lloyd Kasliner
82 Street Address (P.O. Box Number is Not Acceptable) 1703 Vestal Drive
83
84 City Coral Springs FL 85 Zip Code 33071

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input checked="" type="checkbox"/> DELETE
NAME	KASLINER, N. LLOYD	
STREET ADDRESS	361 S HOLLYBROOK DR #108	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KASLINER, N. LLOYD	
STREET ADDRESS	361 S HOLLYBROOK DR #108	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kasliner, N. Lloyd	
1.3 STREET ADDRESS	1703 Vestal Drive	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kasliner, N. Lloyd	
2.3 STREET ADDRESS	1703 Vestal Drive	
2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: N. Lloyd Kasliner N. Lloyd Kasliner 2/1/97 (954) 340-1463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)