


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

FILED

Apr 17 1996 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J47281 (7)</b>					
1. Corporation Name <b>TALVEST INC.</b>					



Principal Place of Business <b>13455 NOEL ROAD SUITE 1100 DALLAS TX 75240 US</b>		Mailing Address <b>13455 NOEL ROAD SUITE 1100 DALLAS TX 75240 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	

3. Date Incorporated or Qualified <b>12/16/1986</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>75-2147549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODER, HEINZ</b>
STREET ADDRESS	<b>BLEICHERWEG 33</b>
CITY-ST-ZIP	<b>ZURICH, SWITZ.</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAUFMANN, JOSEPH A.</b>
STREET ADDRESS	<b>BLEICHERWEG 33</b>
CITY-ST-ZIP	<b>ZURICH, SWITZ.</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRIEST, PAT</b>
STREET ADDRESS	<b>13455 NOEL ROAD, SUITE 1100</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>MICHEL, HERBERT</b>
STREET ADDRESS	<b>BLEICHERWEG 33</b>
CITY-ST-ZIP	<b>ZURIC SW</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PFISTER, EDITH</b>
STREET ADDRESS	<b>BLEICHERWEG 33</b>
CITY-ST-ZIP	<b>ZURICH SW</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>VA</b> <input checked="" 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 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 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, unchanged, or on an attachment with an address.

SIGNATURE:  PAT PRIEST, VICE PRESIDENT 4/10/96 (214) 774-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)



2 of 2

1100 Two Galleria Tower 13455 Noel Road Dallas, Texas 75240 (214) 774-4100 Fax (214) 774-9291

April 12, 1996

CERTIFIED #: P 248 820 862

Annual Reports Section  
Florida Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed are 1996 Florida Corporation Annual Report for the following entities:

	<u>FL Document #</u>
BW Dix, Inc.	V41694 (3)
BW Pier Inc.	P95000046160(4)
Faggio Curacao Corporation	F94000003758(9)
Delkraft, Inc.	J47285 (8)
Krolasco, Inc.	J47288 (2)
Leasico, Inc.	P23527 (5)
Melvestor, Inc.	J47283 (3)
Mifex, Inc.	J96176 (9)
Propier, Inc.	J83328 (1)
Talvest, Inc.	J47281 (7)

Sincerely,

A handwritten signature in cursive script that reads 'Debbie Wood'.

Debbie Wood  
Sr. Tax Accountant

DW/id