


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

FILED
Apr 17 1996 8:00am
Secretary of State

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



Principal Place of Business 13455 NOEL ROAD SUITE 1100 DALLAS TE 75240 US	Mailing Address 13455 NOEL ROAD SUITE 1100 DALLAS TX 75240 US
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3. Date Incorporated or Qualified 12/16/1986	3a. Date of Last Report 04/27/1995
4. FEI Number 75-2147549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating) _____ DATE _____

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

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

SIGNATURE: *[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