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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K41884 (3)

1. Corporation Name

ANIMADA, INC.

Principal Place of Business	Mailing Address
~~1038 SW 22ND STREET~~ ~~MIAMI FL 33129 2714~~ US	P.O. BOX 142043 CORAL GABLES FL 33114-2043 US

3. Date Incorporated or Qualified: 10/28/1988

3a. Date of Last Report: 04/17/1995

4. FEI Number: 65-0088352 — [ ] Applied For [ ] Not Applicable

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 [X] Yes [ ] No

2. Principal Place of Business	**2a.** Mailing Address
21 1170 SW 18th Street	26
Suite, Apt. #, etc. 22 - -	Suite, Apt. #, etc. 27 SAME
City & State 23 Miami, Florida	City & State 28
Zip 24 33129-2536 / Country 25 DADE	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FARRES, E.J. ESQ
~~1038 SW 22ND STREET~~ 1170 SW 18th St.
~~MIAMI FL 33129 2714~~ Miami, FL 33129-2536

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	PIGNA, JOSE A.		1.2 NAME	
STREET ADDRESS	EDIF. FONTAINEBLEAU		1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA		1.4 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	PIGNA, ANA TERESA		2.2 NAME	
STREET ADDRESS	EDIF. FONTAINEBLEAU		2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA		2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jose A. Pigna — 04-01-96 — (305) 858-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)