

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K68684** (5)

1. Corporation Name
MAVI, INC.



Principal Place of Business

Mailing Address

% MARK S. GALLEGOS
ONE S.E. 3RD AVENUE, SUITE 1440 2200
MIAMI FL 33131

% MARK S. GALLEGOS
ONE S.E. 3RD AVENUE, SUITE 1440 2200
MIAMI FL 33131

3. Date Incorporated or Qualified 02/27/1989	3a. Date of Last Report 02/15/1995
4. FEI Number 65-0163530	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLEGOS, MARK S.
ONE S.E. 3RD AVENUE
SUITE 1440 2200
MIAMI FL 33131**

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

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE STD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME FACHLER, FREDDIE	2.2 NAME
3. STREET ADDRESS 2333 BRICKELL AVE.	3.3 STREET ADDRESS
4. CITY-STATE MIAMI FL	4.4 CITY-STATE-ZIP
5. TITLE PO	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME KADER, ALBERTO	6.2 NAME
7. STREET ADDRESS 2333 BRICKELL AVE.	7.3 STREET ADDRESS
8. CITY-STATE MIAMI FL	8.4 CITY-STATE-ZIP
9. TITLE	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10.2 NAME
11. STREET ADDRESS	11.3 STREET ADDRESS
12. CITY-STATE	12.4 CITY-STATE-ZIP
13. TITLE	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14.2 NAME
15. STREET ADDRESS	15.3 STREET ADDRESS
16. CITY-STATE	16.4 CITY-STATE-ZIP
17. TITLE	17.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18.2 NAME
19. STREET ADDRESS	19.3 STREET ADDRESS
20. CITY-STATE	20.4 CITY-STATE-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: **Freddy Fachler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
DATE
358-0550
SYSTEM PHONE #

CR2E034 (12/95)