


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

FILED

Apr 17 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 # K68684 (5)					
1. Corporation Name MAVI, INC.					
Principal Place of Business % MARK S. GALLEGOS ONE S.E. 3RD AVENUE SUITE 2200 MIAMI FL 33131 US			Mailing Address % MARK S. GALLEGOS ONE S.E. 3RD AVENUE, SUITE 2200 MIAMI FL 33131-1700 US		
2. Principal Place of Business <i>Mark S. Gallegos</i> Mailing Address <i>Mark S. Gallegos</i>					
21	2601 S. Bayshore Dr.		26	2601 S. Bayshore Drive	
22	19 Floor		27	19 Floor	
23	Miami FL		28	Miami FL	
24	Zip	33133	25	Country	USA
29	Zip	33133	30	Country	USA
9. Name and Address of Current Registered Agent GALLEGOS, MARK S. ONE S.E. 3RD AVENUE SUITE 2200 MIAMI FL 33131					
10. Name and Address of New Registered Agent					
81	Name <i>(Same Person)</i>				
82	Street Address (P.O. Box Number is Not Acceptable) <i>2601 S. Bayshore Drive</i>				
83	<i>19 Floor</i>				
84	City <i>Miami</i>		85	Zip Code <i>33133</i>	
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	STD FACHLER, FREDDIE <input type="checkbox"/> DELETE				
NAME	2333 BRICKELL AVE.				
STREET ADDRESS	MIAMI FL				
CITY-ST-ZIP	PD <input type="checkbox"/> DELETE				
TITLE	KADER, ALBERTO <input type="checkbox"/> DELETE				
NAME	2333 BRICKELL AVE.				
STREET ADDRESS	MIAMI FL				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
NAME	<input type="checkbox"/> DELETE				
STREET ADDRESS	<input type="checkbox"/> DELETE				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
NAME	<input type="checkbox"/> DELETE				
STREET ADDRESS	<input type="checkbox"/> DELETE				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
NAME	<input type="checkbox"/> DELETE				
STREET ADDRESS	<input type="checkbox"/> DELETE				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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: <i>[Signature]</i> SECRETARY <i>4/9/97</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)