

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:33

DOCUMENT # P04592 (2)
1. Corporation Name
DYONOL S. A.

Principal Place of Business Mailing Address
**10515 SW 56TH ST.
MIAMI FL 33165** **10515 SW 56TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/08/1985** 3a. Date of Last Report **05/31/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-4264904		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	City & State	27	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Zip	28	Zip				
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ONATE, PEDRO R. 10515 SW 56TH ST. MIAMI FL 33173				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 (Print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

(M1)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NESTOR ANTONIO	1.2 NAME	
STREET ADDRESS	PARAGUAY 1248 MONTEVIDEO	1.3 STREET ADDRESS	
CITY ST ZIP	URUGUAY	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NORBERTO	2.2 NAME	
STREET ADDRESS	PARAGUAY 1248 MONTEVIDEO	2.3 STREET ADDRESS	
CITY ST ZIP	URUGUAY	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI MARCO, NORBERTO FILIP	3.2 NAME	
STREET ADDRESS	PARAGUAY 1248 MONTEVIDEO	3.3 STREET ADDRESS	
CITY ST ZIP	URUGUAY	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPA, ALBERTO NESTOR	4.2 NAME	
STREET ADDRESS	PARAGUAY 1248 MONTEVIDEO	4.3 STREET ADDRESS	
CITY ST ZIP	URUGUAY	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONATE, PEDRO R.	5.2 NAME	
STREET ADDRESS	9381 S.W. 69TH ST.	5.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33173	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110 07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 person 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 addition with an asterisk.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
D PEDRO R. ONATE
Date: **6-15-95** (Not to be used for filing)
6055701 CP

CR2E034 (3/95)