

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **01/08/1985**
3a. Date of Last Report: **06/16/1995**
4. FEI Number: **59-4264904**
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: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**ONATE, PEDRO R.
10515 SW 56TH ST.
MIAMI FL 33173**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ, NESTOR ANTONIO	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	
CITY - ST - ZIP	URUGUAY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOPEZ, NORBERTO	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	
CITY - ST - ZIP	URUGUAY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DI MARCO, NORBERTO FILIP	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	
CITY - ST - ZIP	URUGUAY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPA, ALBERTO NESTOR	
STREET ADDRESS	PARAGUAY 1246 MONTEVIDEO	
CITY - ST - ZIP	URUGUAY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONATE, PEDRO R.	
STREET ADDRESS	9361 S.W. 69TH ST.	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001883342
53 STREET ADDRESS	-07/03/96--D1040--047
54 CITY - ST - ZIP	***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 registered or justice empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR

6-24-96 305-279-2802
Date Filed

CR2E034 (3/96)