

**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
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DOCUMENT # P13741 (4)

1. Corporation Name

MIKEMIN CORPORATION N.V.



Principal Place of Business	Mailing Address
10411 SW 108TH AVE D-250 MIAMI FL 33176 US	10411 SW 108TH AVE D-250 MIAMI FL 33176 US

3. Date Incorporated or Qualified 03/24/1987	3a. Date of Last Report 07/18/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 12123 SW 131 Ave	26 12123 SW 131 Ave	52-1397828	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Miami FL	28 Miami FL	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 33186	29 33186		
Country	Country		
25 US	30 US		

9. Name and Address of Current Registered Agent

LARDIZABAL, ISABEL
10411 SW 108TH AVE
D-250
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	Lardizabal, Isabel
82 Street Address (P.O. Box Number is Not Acceptable)	12123 SW 131 Avenue
83	
84 City	Miami
85 Zip Code	FL 33186

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 required for principal officer, officer, director, and for applicable

(initials) for general agent signature required when reinstating

(initials)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P DIAZ, SERGIO	1.2 NAME	
STREET ADDRESS	CENTRO COMERCIAL TAMANAC	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS1060,VENEZUEL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST DE DIAZ, MERCEDES PEREZ	2.2 NAME	
STREET ADDRESS	CENTRO COMERCIAL TAMANAC	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS1060,VENEZUEL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isabel Lardizabal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/96 (305) 254-4697
 Date Date Printed

CR2E034 (3/96)