

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34626 (2)
1. Corporation Name
MANUTECH ASSEMBLE, INC.



Principal Place of Business 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166	Mailing Address 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166-2135
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/13/1991	3a. Date of Last Report 05/29/1996
4. FEI Number 98-0072810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SEYFI SAMAD
8181 N.W. 91 TERR., BLDG. 10
MIAMI FL 33166**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D KHOZOUEE, FARHAD
STREET ADDRESS	#2 RUE DES NIMES
CITY - ST - ZIP	PORT-AU-PRINCE, HAITI
TITLE	<input type="checkbox"/> DELETE
NAME	VCD DURBAN, NADIA Y.
STREET ADDRESS	#16 IMP AUBRY
CITY - ST - ZIP	PETIONVILLE, HAITI
TITLE	<input type="checkbox"/> DELETE
NAME	PT DURBAN, NADIA Y.
STREET ADDRESS	#16 IMP AUBRY
CITY - ST - ZIP	PETIONVILLE, HAITI
TITLE	<input type="checkbox"/> DELETE
NAME	VD SEYFI, SAMAD
STREET ADDRESS	8181 NW 91ST TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	CDS DURBAN, LANCE P.
STREET ADDRESS	#16 IMP AUBRY
CITY - ST - ZIP	PETIONVILLE, HAITI
TITLE	<input type="checkbox"/> DELETE
NAME	VD COLON JEAN-EDOUARD
STREET ADDRESS	#2 RUE DES NIMES
CITY - ST - ZIP	PORT-AU-PRINCE, HAITI

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 supplementary 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: *Sandra B. Mortham* 2/18/97 011-509-491207 011-509-463930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)