FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000001711 (0)**

1. Corporation Name

STK CORPORATION

Principal Place of Business

601 BRICKELL AVE
SUITE 929
MIAMI FL 33131

Mailing Address

% GARRY NELSON
801 BRICKELL AVE. #929
MIAMI FL 33131
US

3. Date Incorporated or Qualified: **11/03/1992**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0512732** [ ] 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 unrecaptured tax under s. 1997.032 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

NELSON, GARRY
801 BRICKELL AVE
SUITE 929
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 and 607.1501, Florida Statutes, the above-named corporation submits this document 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MELLO, MARIO J	
STREET ADDRESS	[illegible]	
CITY-ST-ZIP	[illegible]	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
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CITY-ST-ZIP		
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TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Addition

Rua Guamiranga, 1530
04220-020 Sao Paulo SP - Brazil

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I do hereby certify that the information I supplied with this 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, added or deleted.

SIGNATURE: [signature] 3/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)