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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000016883 (9)**

1. Corporation Name
DAVOS FINANCIAL CORP.

Principal Place of Business	Mailing Address
1001 S. BAYSHORE DR., SUITE 2104 MIAMI FL 33131 US	1001 S. BAYSHORE DR., SUITE 2104 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 02/01/1995
4. FEI Number: 65-0399063 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 DAVOS FINANCIAL CORP.	26 DAVOS FINANCIAL CORP.
Street, Apt. #, etc. 22 1001 S.Bayshore Dr.,#1712	Suite, Apt. #, etc. 27 1001 S.Bayshore Dr, #1712
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33131 / 25 U.S.A.	Zip / Country 29 33131 / 30 U.S.A.

9. Name and Address of Current Registered Agent

OSIO, DAVID J
1001 S. BAYSHORE DR
SUITE 2104
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: DAVID J. OSIO
82 Street Address (P.O. Box Number is Not Acceptable): 5537 N.W. 105 CT
83
84 City: MIAMI **FL** 85 Zip Code: 33178

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: _____ January 19, 1996
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS OSIO, DAVID J 1001 S. BAYSHORE DR., SUITE 2104 MIAMI FL [X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PS OSIO, DAVID J 1001 SOUTH BAYSHORE DR., SUITE 1712 MIAMI, FLORIDA 33131 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULLER, FREDDY 1001 S. BAYSHORE DR., SUITE 2104 MIAMI FL [X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ January 19, 1996 305-577-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #