
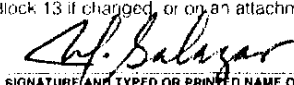


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000019437			
1. Corporation Name M.S. INTERNATIONAL OF MIAMI, CO			
Principal Place of Business 9738 S.W. 138th AVE Miami, FL 33186		Mailing Address Same	
2. Principal Place of Business		3a. Date of Last Report March 15-93	
21		4. FEI Number 65-0394454	
22		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARIA A. SALAZAR 9738 S.W. 138th Ave Miami, FL 33186		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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Maria A. Salazar CITY-STATE-ZIP 9738 S.W. 138th Ave Miami, FL 33186		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.1 NAME 13.1 STREET ADDRESS 14.1 CITY-STATE-ZIP	
12.2 TITLE <input type="checkbox"/> DELETE NAME Vice-President STREET ADDRESS Johan Walter Ismail Salazar CITY-STATE-ZIP 9738 S.W. 138th Ave Miami, FL 33186		21.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22.1 NAME 23.1 STREET ADDRESS 24.1 CITY-STATE-ZIP	
12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		31.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32.1 NAME 33.1 STREET ADDRESS 34.1 CITY-STATE-ZIP	
12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		41.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42.1 NAME 43.1 STREET ADDRESS 44.1 CITY-STATE-ZIP	
12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		51.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52.1 NAME 53.1 STREET ADDRESS 54.1 CITY-STATE-ZIP	
12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		61.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62.1 NAME 63.1 STREET ADDRESS 64.1 CITY-STATE-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 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 on an attachment with an address.			
SIGNATURE: 		Date 5/5/97 (305) 383-1720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)