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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # p93 000021116

1. Corporation Name: M.Z.D. Consulting Inc.

Principal Place of Business / Mailing Address:
1507 Coruna Ave.
Coral Gables, FL 33156

3. Date Incorporated or Qualified: 3-22-93
3a. Date of Last Report:

2. Principal Place of Business
21: same
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0404397
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

6. Is corporation indebted to the state according to the last report filed? Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SICELD Inc.
201 Alhambra Cir.
Suite 1102
Coral Gables, FL 33134

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 607.0502 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 _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	PRESIDENT DOMINGUEZ, MAITE Z. 1507 Coruna Ave. Coral Gables, FL 33156 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	[ ] Change [ ] Add
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TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	000001869700 -06/20/96--01054--039 ***200.00 [ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	[ ] Change [ ] Add 06-20-96

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)(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: _____ 5-28-96 (305)6638956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAITE Z. DOMINGUEZ