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Apr 09 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 # P93000034731 (8)

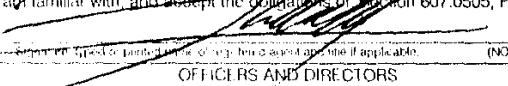
1. Corporation Name
AGAXTUR ENTERPRISES INC.



Principal Place of Business 168 SE 1ST STREET #1101 MIAMI FL 33131 US		Mailing Address 701 BRICKELL AVENUE SUITE 2150 MIAMI FL 33131-2813 US		3. Date Incorporated or Qualified 05/13/1993	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0409842	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		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 CARNEIRO DA CUNHA, JOSE MARIA 2000 S BAYSHORE DRIVE #74 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name Jose Maria Carneiro da Cunha 82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 2150 83 84 City MIAMI FL 85 Zip Code 33131	
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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: 3/26/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, ALDO	1.2 NAME	
STREET ADDRESS	251 CRANDON BLV #835	1.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, OLGA MARIA	2.2 NAME	
STREET ADDRESS	251 CRANDON BLV #835	2.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, MARCELO	3.2 NAME	
STREET ADDRESS	251 CRANDON BLV #835	3.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SISTO, ANNA AYN	4.2 NAME	
STREET ADDRESS	1111 CRANDON BLVD #B 202	4.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 375-9225
Date Daytime Phone #

0172052

CRCE034 (9/96)