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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000021105 (9)

1. Corporation Name
MORDILLO, INC.

Principal Place of Business
% RICHARD D. OWEN
1415 E. SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address
% RICHARD D. OWEN
1415 E. SUNRISE BLVD.
FORT LAUDERDALE FL 33304-2339



3. Date Incorporated or Qualified 03/18/1994
3a. Date of Last Report 04/18/1996

2. Principal Place of Business		2a. Mailing Address	
21 1650 N.E 26th Street	26 12,265 Guertin		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22			
City & State Fort Lauderdale		City & State Montreal Quebec	
23			
Zip FL 33305	Country U.S.	Zip H4J 1V8	Country CANADA
24	25	29	30

9. Name and Address of Current Registered Agent

TAINTOR, F. ANDREWS
1750 E. SUNRISE BLVD.
3RD FLOOR
FORT LAUDERDALE FL 33304-3097

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 _____
Signature, typed or printed name of 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	PS	1.1 TITLE	
NAME	JOYAL, JEAN	1.2 NAME	
STREET ADDRESS	505 W BELANGER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CA	1.4 CITY-ST-ZIP	
TITLE	Secre	2.1 TITLE	
NAME	JOYAL, LORRAINE	2.2 NAME	
STREET ADDRESS	12,265 Guertin	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, CANADA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

97/02/24
Date Daytime Phone #

CR2E034 (9/96)