


FILED

Apr 22 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 # P94000052187 (9)
 1. Corporation Name
DISET IMPORT-EXPORT CORPORATION

Principal Place of Business 911 NW 209TH AVE UNIT 126 PEMBROKE PINES FL 33029 US	Mailing Address P.O. BOX 822031 PEMBROKE PINES FL 33082-2031 US
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
LAW FIRM OF MANFRED ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	81. Name 82. Street Address 83. City 84. State
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SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PTD HERAZO, JOSE 400 N.W. 166TH AVE. PEMBROKE PINES FL 33028	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	HERAZO, MARILYN	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	400 N.W. 166TH AVE.		1.3 STREET ADDRESS
CITY - ST - ZIP	PEMBROKE PINES FL 33028		1.4 CITY - ST - ZIP
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	HERAZO, MARILYN	<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS	400 N.W. 166TH AVE.		2.3 STREET ADDRESS
CITY - ST - ZIP	PEMBROKE PINES FL 33028		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME		<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME		<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME		<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME		<input type="checkbox"/> DELETE	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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation at the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____
 Signature and typed or printed name of signing officer or director
Jose Herazo