

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED  
Aug 19 1996 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE	
19968/19/96		Sandra B. Mortham Secretary of State	
DOCUMENT # P95000056898 (6)			
1. Corporation Name PETASI CORP.			
Principal Place of Business 10636 MANAGUA AVE COOPER CITY FL 33026		Mailing Address 10636 MANAGUA AVE. COOPER CITY FL 33026	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
* FRIED, MARK E 1001 S. BAYSHORE DRIVE, #2706 BRICKELL BAY OFFICE TOWER MIAMI FL 33131		81 Name MENDELSON CONSULTING, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 11950 N. BAYSHORE DR. #1B 83 84 City NORTH MIAMI 85 Zip Code FL 33181	
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: <i>Mario Nowogrodzki</i> MARIO NOWOGRODZKI, PRESIDENT DATE: 4/12/96			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D SILVA, PEDRO 10636 MANAGUA AVE. COOPER CITY FL 33026		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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)(k), 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 person 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 otherwise shown on an attachment with an address.			
SIGNATURE: <i>Shadun Silva</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CFR2E034 (12/95)