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PROFIT
CORPORATION
ANNUAL REPORT

1996 #240~

PR 5000076795
dm# 3796-8

FILED

96 JUN 27 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MAYA TRADEX CORPORATION

Principal Place of Business

Mailing Address

601 Brickell Key DR
Suite 501
Miami, FL 33131

601 Brickell Key Dr.
Suite 501
Miami, FL 33131

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, RENALDY J
601 Brickell Key DR
SUITE 501
MIAMI FL 33131-2651

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 then applicable)

(Print Name of Registered Agent and signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME BIANCHI, GERARDO
STREET ADDRESS 10A AVENIDA 12-60 ZONA 14
CITY-ST-ZIP GUATEMALA CITY GUATEMALA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary
1.2 NAME Renaldy J. Gutierrez
1.3 STREET ADDRESS 601 Brickell Key Drive Suite 500
1.4 CITY-ST-ZIP Miami FL 33131-2651

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 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

Renaldy J. Gutierrez 6/21/96 (305) 577-4500

Date

Day for Filing

CR2E034 (12/95)