FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000021017 (4)**

1. Corporation Name

MINERA MASVIDAL, INC.

Principal Place of Business	Mailing Address
19 W FLAGLER ST, SUITE 414 BISCAYNE BUILDING MIAMI FL 33130	19 W FLAGLER ST, SUITE 414 BISCAYNE BUILDING MIAMI FL 33130-4404

3. Date Incorporated or Qualified **03/07/1996**	**3a.** Date of Last Report

2. Principal Place of Business
- 21: *19 WEST FLAGLER ST*
- Suite, Apt. # etc. 22: *SUITE 416 BISCAYNE BUILDING*
- City & State 23: *MIAMI, FLA*
- Zip 24: *33130* | 25: Country *U.S.*

2a. Mailing Address
- 26: *P.O. BOX 143657*
- Suite, Apt. #, etc. 27: (struck out)
- City & State 28: *CORAL GABLES FLA*
- Zip 29: *33114-3657* | 30: Country *U.S.*

4. FEI Number — ☑ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DIAZ-MASVIDAL, ALBERTO
19 W FLAGLER ST, SUITE 414
BISCAYNE BUILDING
MIAMI FL 33130

10. Name and Address of New Registered Agent

- 81 Name: *DIAZ-MASVIDAL ALBERTO*
- 82 Street Address (P.O. Box Number is Not Acceptable): *19 W. FLAGLER*
- 83: *SUITE 416 BISCAYNE BUILDING*
- 84 City: *MIAMI,* | FL | 85 Zip Code: *33130*

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: *ALBERTO DIAZ MASVIDAL* 4/15/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES	
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ-MASVIDAL, ALBERTO		1.2 NAME		
STREET ADDRESS	19 W FLAGLER ST, SUITE 414		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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: *ALBERTO DIAZ MASVIDAL* 4/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (9/96)

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