

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027490 (7)

1. Corporation Name
DADON IMPORT EXPORT INC.



Principal Place of Business 25 S.E. 2ND AVE. SUTIE 1235 MIAMI FL 33131	Mailing Address 25 S.E. 2ND AVE. SUTIE 1235 MIAMI FL 33131-1506
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3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report
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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

4. FEI Number 65/0653197	Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SANTOS, MAURO C
25 S.E. SECOND AVENUE
SUITE 1235
MIAMI FL 33131

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 _____ **DATE** _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	<input checked="" type="checkbox"/> DELETE
	Rita Asdine Bozaciyan	
STREET ADDRESS	AV. SAO LUIZ, 140-7TH FLOOR	
CITY-ST-ZIP	SAO PAULO, S.P. BRAZIL 01046	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
	Leda Lusarpi Bozaciyan	
STREET ADDRESS	AV. SAO LUIZ, 140-7TH FLOOR	
CITY-ST-ZIP	SAO PAULO, S.P. BRAZIL 01046	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RITA ASDINE BOZACIYAN	
1.3 STREET ADDRESS	AV. SAO LUIZ, 140-7TH FLOOR	
1.4 CITY-ST-ZIP	SAO PAULO, S.P. BRAZIL 01046	
2.1 TITLE	D/U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEDA LUSARPI BOZACIYAN	
2.3 STREET ADDRESS	AV. SAO LUIZ, 140-7TH FLOOR	
2.4 CITY-ST-ZIP	SAO PAULO, S.P. BRAZIL 01046	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Rita Asdine Bozaciyan **04/02/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)