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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P9600028090 (4)

SAYOD INT'L (USA) INC.

FILED May 07 1997 8:00am Secretary of State

4/28/97 (305) 512 0249



21.35 S.W. 6TH STREET APT. 18 MIAMI FL 33135 2. Principal Place of Business 21. 1766 NW 82 82 26 766 NW 82 AV Suite, Apt. #, etc. 22. City & State 23. M / AM / F / 28. M / AM / F / 29. Name and Address of Current Registered Agent DUARTE, MANUEL MR 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135-3252 2a. Mailing Address Suite, Apt. #, etc. 2b. City & State 2c. City & State 2d. Diagram / Country 2d. Diagram /	3. Date Incorporated or Qualified 04/01/1996 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 10. Name and Address of New Registered Agent ANGEL AS DUBLICATION OF THE PROPERTY O
21 1766 NW 82 BU 28 1766 NW 82 BU Suite, Apt #, etc. 22 City & State 23 1766 NW 82 BU City & State 24 33126 25 US A 29 33126 30 US A 9. Name and Address of Current Registered Agent DUARTE, MANUEL MR 81 Name	04/01/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 7. Trust Fund Contribution Added to Fees Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes A No 10. Name and Address of New Registered Agent ACCEPTABLE 10. Box Number is Not Acceptable Acceptable
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Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. 22	5. Certificate of Status Desired
22	8. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes 10. Name and Address of New Registered Agent 11. Particle A. Dulling 12. Press (P.O. Box Number is Not Acceptable)
City & State 23 M/AM/ FL 28 M/AM/ FL 28 M/AM/ FL 29 M/AM/ FL 20 M/AM/ FL 20 M/AM/ FL 20 M/AM/ FL 21 D/AM/ FL 22 M/AM/ FL 23 M/AM/ FL 24 33/26 30 WSA 9. Name and Address of Current Registered Agent DUARTE, MANUEL MR	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent ANULL ADMINITE Iress (P.O. Box Number is Not Acceptable)
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24 33/26 25 05 A 29 33/26 30 USA 9. Name and Address of Current Registered Agent DUARTE, MANUEL MR	Florida Statutes Yes No 10. Name and Address of New Registered Agent ANUEL A DUNTE Iress (P.O. Box Number is Not Acceptable)
DUARTE, MANUEL MR 81 Name	ress (P.O. Box Number is Not Acceptable)
DOARIE, MANUEL MIN	iress (P.O. Box Number is Not Acceptable)
	iress (P.O. Box Number is Not Acceptable)
	00 11 20 ch
MIAMI FL 33135	
70	
[84] City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp	poration 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 corporal agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ition's board of directors. I hereby accept the appointment as registered
SIGNATURE	
Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature requi	
12. OFFICERS AND DIRECTORS INCE PD DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition
44.4	
NAME ODIO, MARGETTA SIREET ADDRESS 2135 S.W. 6TH STREET APT. 18 1.2 NAME 1.3 STREET ADDRESS	ang w795+
CITY-ST ZIP MIAMI FL 33135	909 W 793+ HIMEAH FL 33014
TITLE VD DELETE 21 TITLE	Change Addition
NAME SAFNZ JULIO MR	,
STREET ADDRESS 2135 S.W. 6TH STREET APT. 18 23 STREET ADDRESS 9	109 W 79 37
CITY-ST-2IF MIAMI FL 33135	HIPTERH FL 330/4
TITLE D DELETE 31 TITLE	☐ Change ☐ Addition
NAME DUARTE, MANUEL MR 32 NAME	,
STREET ADDRESS 2135 S.W. 6TH STREET APT. 18 33 STREET ADDRESS 9	HIPLEAU FL 33014
DITY ST-ZIP MIAMI FL 33135 34.CITY-ST-ZIP	HIRLEAN FL 33014
TIFLE DELETE 4.1 TALE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-74P 44 CITY-ST-24P	
THILE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAMÉ 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-SI-7IP 5.4 CITY-ST-7IP	Change Change
THE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	•
City St. ZIP 64 City-St-ZIP	d in Continu 110 07/3V/) Elevido Ctat des 14 other annit, that the
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated information indicated on this annual report is true and accurate and that I am an officer or director of the corporation or the regeiver or trustee empowered to execute this report.	o in section 19.07(37), Fibrida Statutes, Fruntier certify make the same legal effect as if made under oath; that the same legal effect as if made under oath; that the same legal effect as if made under oath; that