

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028090 (4)

1. Corporation Name
SAYOD INT'L (USA) INC.



Principal Place of Business 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135	Mailing Address 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135-3252
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2. Principal Place of Business 21 1766 NW 82 AV Suite, Apt. #, etc.		2a. Mailing Address 26 1766 NW 82 AV Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
22 City & State 23 MIAMI FL		27 City & State 28 MIAMI FL		4. FEI Number 65-0694034	Applied For Not Applicable
24 Zip 33126		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33126		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DUARTE, MANUEL MR 2135 S.W. 6TH STREET APT. 18 MIAMI FL 33135				10. Name and Address of New Registered Agent	

81 Name MANUEL A. DUARTE
82 Street Address (P.O. Box Number is Not Acceptable)
83 909 W 79 ST
84 City MIAMI
85 Zip Code 33014

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIO, MARIETTA	1.2 NAME	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	1.3 STREET ADDRESS	909 W 79 ST
CITY - ST - ZIP	MIAMI FL 33135	1.4 CITY - ST - ZIP	MIAMI FL 33014
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAENZ, JULIO MR	2.2 NAME	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	2.3 STREET ADDRESS	909 W 79 ST
CITY - ST - ZIP	MIAMI FL 33135	2.4 CITY - ST - ZIP	MIAMI FL 33014
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, MANUEL MR	3.2 NAME	
STREET ADDRESS	2135 S.W. 6TH STREET APT. 18	3.3 STREET ADDRESS	909 W 79 ST
CITY - ST - ZIP	MIAMI FL 33135	3.4 CITY - ST - ZIP	MIAMI FL 33014
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (305) 512 0249
Date Daytime Phone #

CR2E034 (9/96)