
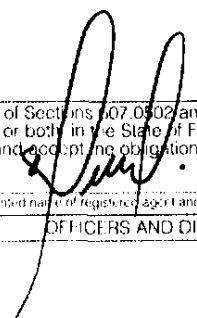
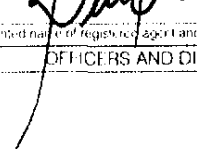
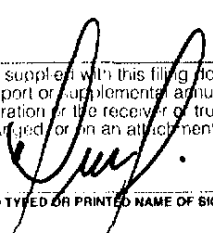


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 296000063271 1. Corporation Name INTERNATIONAL TWIST, INC.					
Principal Place of Business 14771 SW 173rd ST. MIAMI, FL 33187			Mailing Address 14771 SW 173 st. MIAMI, FL 33187		
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 7/29/96 3a. Date of Last Report 7/29/96 4. FEI Number 65-0685822 5. Certificate of Status Desired <input type="checkbox"/> 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81 Name CARLOS MORALES	
				82 Street Address (P.O. Box Number is Not Acceptable) 14771 SW 173RD STREET	
				83	
				84 City MIAMI	
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.				85 Zip Code FL 33187	
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-21-97					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE				PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME				CARLOS MORALES	
1.3 STREET ADDRESS				14771 SW 173RD STREET	
1.4 CITY-ST-ZIP				MIAMI, FL.33187	
2.1 TITLE <input type="checkbox"/> DELETE				STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME				ANA LUZ RODRIGUEZ	
2.3 STREET ADDRESS				14771 SW 173RD STREET	
2.4 CITY-ST-ZIP				MIAMI, FL 33187	
3.1 TITLE <input type="checkbox"/> DELETE				3.2 NAME	
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.2 NAME	
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE				5.2 NAME	
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				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.				000002154540 -04/25/97--01007--010 ***165.00	
SIGNATURE:  CARLOS E MORALES				Date: 4-21-97 Daytime Phone #: (305) 238 4241	

CR2E034 (9/96)