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Apr 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080072 (7)

1. Corporation Name  
**TRANSDIE INTERNATIONAL CORPORATION**

Principal Place of Business  
**C/O LUIS MULLER**  
**1074 CORAL CLUB DRIVE**  
**CORAL SPRINGS FL 33071**

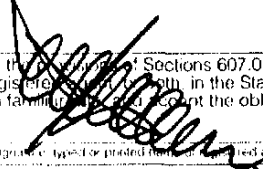
Mailing Address  
**C/O LUIS MULLER**  
**1074 CORAL CLUB DRIVE**  
**CORAL SPRINGS FL 33071-5657**



2. Principal Place of Business 21 <b>6555 NW 36 ST - SUITE #215</b> Suite, Apt. #, etc. 22 <b># 215</b> City & State 23 <b>MIAMI - FLORIDA</b> Zip 24 <b>33166</b>		2a. Mailing Address 26 <b>6555 NW 36 STREET</b> Suite, Apt. #, etc. 27 <b># 215</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip 29 <b>33166</b>		3. Date Incorporated or Qualified <b>09/26/1996</b>		3a. Date of Last Report 	
		4. FEI Number <b>65-0697416</b>		Applied For <input type="checkbox"/> Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
		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 <b>MULLER, LUIS</b> <b>1074 CORAL CLUB DRIVE</b> <b>CORAL SPRINGS FL 33071</b>				10. Name and Address of New Registered Agent 81 Name <b>DOMINGO ALONSO (CPA)</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>301 ALMERIA AVE - SUITE 220</b> 83 84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33134</b>			
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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 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 TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>MULLER, LUIS</b> STREET ADDRESS <b>1074 CORAL CLUB DRIVE</b> CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>LUIS MULLER</b> 1.3 STREET ADDRESS <b>10811 CYPRESS GLEN DR</b> 1.4 CITY-ST-ZIP <b>CORAL SPRINGS - FL - 33071</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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			
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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 in 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

(305) 871-0506

0156769

CR2E034 (9/96)