

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 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 # **P96000101619 (0)**

1. Corporation Name

LAYASA INTERNATIONAL, INC.



Principal Place of Business 15781 SW 106TH TERRACE STE 19-202 MIAMI FL 33196	Mailing Address 15781 SW 106TH TERRACE STE 19-202 MIAMI FL 33196
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report 05/24/97
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0715762		Applied For Not Applicable	
22 City & State	27 # 13	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 33135	30 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTILLO, WILSON
15781 SW 106TH TERRACE STE 19-202
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee, if applicable

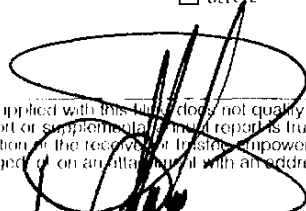
(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBRANO, LUIS A	1.2 NAME	
STREET ADDRESS	15781 SW 106TH TERRACE STE 19-202	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	
TITLE	D Treasury	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZAMBRANO, MARITZA A	2.2 NAME	
STREET ADDRESS	15781 SW 106TH TERRACE STE 19-202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	2.4 CITY-ST-ZIP	
TITLE	D Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTILLO, WILSON	3.2 NAME	
STREET ADDRESS	15781 SW 106TH TERRACE STE 19-202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	
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 report 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 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 registered 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 attached list with an address.

SIGNATURE:



CR2E034 (4/97)