

FILED
Feb 11 1998 8:00am
Secretary of State

DOCUMENT # S71377 (3)
1. Corporation Name
MONDE CORP.

Principal Place of Business	Mailing Address
8300 SW 8TH ST SUITE 303 MIAMI FL 33144 US	8300 SW 8TH ST SUITE #303 MIAMI FL 33144 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
MENDEZ-INSUA, ARISTIDES 8300 SW 8TH ST. SUITE 303 MIAMI FL 33144		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	
Signature, typed or printed name of regulated agent and title if applicable	INCIF: Registered Agent signature required

12.		OFFICERS AND DIRECTORS		13.	
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	BAHAMONDE, JOSE DELFIN			1.2 NAME	
STREET ADDRESS	8300 SW 8TH ST			1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	
TITLE	DVVT	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	MENDEZ-INSUA, ARISTIDES			2.2 NAME	
STREET ADDRESS	8300 SW 8TH ST #303			2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1333(c)(2) of the Securities Exchange Act of 1934, as amended, and that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

3. Date Incorporated or Qualified
08/02/1991

4. FEI Number 65-0277581	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

_____ (P.O. Box Number Is Not Acceptable)

FL **85** Zip Code _____

_____, Secretary of the Corporation, hereby certifies that the foregoing is a true and correct copy of the minutes of the meeting of the board of directors of the Corporation. I hereby accept the appointment as registered

DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	

Section 119.07(3)(j), Florida Statutes. I further certify that the information
I shall have the same legal effect as if made under oath; that I am an
attorney at law; and that my name appears in

CR2E034 (10/97)