

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88923

1. Corporation Name

MASTER INTERNATIONAL SYSTEMS CORPORATION
8620 NW 3 Lane #1
MIAMI, FL 33126

Principal Place of Business

Mailing Address

12916 SW 133 Ct
Miami, FL 33186

8620 NW 3 Lane # 1
Miami, FL 33126

3. Date Incorporated or Qualified
10/22/1991

3a. Date of Last Report

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

4. FEI Number

65-0311734

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT DELETE
NAME OTILIA MAROZZI
STREET ADDRESS 8620 NW 3 Lane # 1
CITY-ST-ZIP MIAMI, FL. 33126

1 TITLE VICE-PRESIDENT Change Addition
2 NAME ROBERTO J. MAROZZI
3 STREET ADDRESS Italia 542 - CERES -
4 CITY-ST-ZIP SANTA FE - ARGENTINA Change Addition

TITLE TREASURE DELETE
NAME EDUARDO G. MAROZZI
STREET ADDRESS Macias 2843
CITY-ST-ZIP SANTO TOME - Sta. Fe ARGENTINA

2 TITLE
3 NAME
4 STREET ADDRESS
5 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 TITLE Change Addition
4 NAME
5 STREET ADDRESS
6 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 TITLE Change Addition
5 NAME
6 STREET ADDRESS
7 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 TITLE Change Addition
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE Change Addition
7 NAME
8 STREET ADDRESS
9 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

OTILIA MAROZZI

3-11-96

Date

(305) 264-2852

Daytime Phone #

CR2E034 (12/95)

pm 3-11-96

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