FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:34

DOCUMENT # **V34069** **(7)**

1. Corporation Name
PODER HOLDINGS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 510 MIAMI FL 33145	3191 CORAL WAY SUITE 510 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/06/1992	03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 1501 VENERA AVE	26 1501 VENERA AVE
Suite, Apt. #, etc. 22 210	Suite, Apt. #, etc. 27 210
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number 65-0334414 ☐ 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
ALBORNOZ, WILLIAM H. 6191 CORAL WAY SUITE 510 MIAMI FL 33145	81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD 701 83 84 City CORAL GABLES FL 85 Zip Code 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR & PRESIDENT	☐ Change ☐ Addition
NAME	DE MATTOS VIEIRA, MANOEL	12 NAME	OTTORINO MARINI	
STREET ADDRESS	3191 CORAL WAY #510	13 STREET ADDRESS	1501 VENERA AVE #210	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	MARINI, LINO D	22 NAME		
STREET ADDRESS	1401 BRICKELL AVE, STE 320	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied herein is duly 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, added or deleted with an address.

SIGNATURE: _____ 3/29/95 6694777
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0188008 CP