

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V34069 (7)**

1. Corporation Name  
**PODER HOLDINGS INTERNATIONAL, INC.**



Principal Place of Business: **1501 VENERA AVENUE 210 CORAL GABLES FL 33146 US**  
Mailing Address: **1501 VENERA AVENUE 210 CORAL GABLES FL 33146 US**

2. Principal Place of Business: **21 2937 SW 27 Ave**  
Suite, Apt. #, etc.: **22 201**  
City & State: **23 MIAMI, FL**  
Zip: **24 33133** Country: **25 USA**  
2a. Mailing Address: **26 2937 SW 27 Ave**  
Suite, Apt. #, etc.: **27 201**  
City & State: **28 MIAMI, FL**  
Zip: **29 33133** Country: **30 USA**

3. Date Incorporated or Qualified: **05/06/1992** 3a. Date of Last Report: **04/11/1995**  
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  
**ALBORNOZ, WILLIAM H.  
801 PONCE DE LEON BOULEVARD 701 SUITE 510  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE MATTOS VIEIRA, MANOEL</b>	
STREET ADDRESS	<b>3191 CORAL WAY #510</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARINI, LINO D</b>	
STREET ADDRESS	<b>1401 BRICKELL AVE, STE 320</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MARINI, OTTORINO</b>	
STREET ADDRESS	<b>1501 VENERA AVE #210</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VICE PRESIDENT</b>
23 STREET ADDRESS	<b>MARINI, LINO D</b>
24 CITY-ST-ZIP	<b>2937 SW 27 AVE #201</b>
25 CITY-ST-ZIP	<b>MIAMI FL 33133</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DIRECTOR, TREASURY</b>
33 STREET ADDRESS	<b>MARINI, OTTORINO</b>
34 CITY-ST-ZIP	<b>2937 SW 27 AVE #201</b>
35 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>PRESIDENT, DIRECTOR, SECRETARY</b>
43 STREET ADDRESS	<b>MARCOS MACHADO</b>
44 CITY-ST-ZIP	<b>2937 SW 27 AVE #201</b>
45 CITY-ST-ZIP	<b>MIAMI FL 33133</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 on the prior 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 this corporation or the officer 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 amendment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/96 305-461 6001  
Date of Filing

CR2E034 (12/95)