

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 11 2:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847485** (0)
VELPA N.V., INC.

Principal Office (Mailing Address) Mailing Address
**13516 SW 59TH LN
MIAMI FL 33183** **5913 SW 134 PL
MIAMI FL 33183
US**

2. Principal Office (Telephone) 2b. Mailing Address
21 **26** **10090 S.W. 26th St**
Telephone Address Telephone Address
22 **27** **Miami**
City and State City and State
23 **28** **Miami-FLA.**
Zip Zip
24 **29** **33165** **30** **DADE**

3. Certificate of Incorporation (Date) 3a. Date of Last Report
11/14/1980 **05/01/1994**
4. FEI Number Applied For
98-0066230 Not Applicable
5. Certificate of State Desired **X** **\$8.75 Additional Fee Required**
6. Did your Campaign Financing **\$5.00 May Be**
 Trust Fund Contributions **Added to Fees**
7. Does your corporation have liability for intangible tax under the Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SANTAMARINA, GEORGE M.
7175 S.W. 8TH ST., #204
MIAMI FL 33144**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number, if Not Applicable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 215.01, 215.02 and 215.03, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida as authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am neither an officer nor director of the corporation and I am not a shareholder.

SIGNATURE DATE SIGNATURE DATE

12. OFFICERS AND DIRECTORS

NAME	PD PAIDRON, ALEJANDRO
STREET ADDRESS	AVENIDA LIBERTADOR 4890
CITY AND STATE	BUENOS AIRES, ARGENT
NAME	VSD FOLCH, JUAN CARLOS VELEZ
STREET ADDRESS	DAGUERO 1524
CITY AND STATE	BUENOS AIRES, ARGENT
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	
NAME	
STREET ADDRESS	
CITY AND STATE	

13. ADDITIONAL OFFICERS AND DIRECTORS (Add, Change or Delete)

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
STREET ADDRESS		
CITY AND STATE		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
STREET ADDRESS		
CITY AND STATE		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
STREET ADDRESS		
CITY AND STATE		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
STREET ADDRESS		
CITY AND STATE		

14. I do hereby certify that the information supplied with this filing is substantially true and correct and is equal to the information stated in Paragraph 119.02(a) of the Florida Statutes. I further certify that the above information is true and correct as of the date of preparation of this report and that the information is true and correct as of the date of filing of this report and that I am an officer or director of the corporation or the person or persons who caused the report to be prepared by Chapter 205, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **Juan C. Velez** Vice-President 5-9-95 551-7996
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR CLERK
JUAN C. VELEZ