FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 848167

(3)

S.E. JAIMES INGENIEROS ASOCIADOS COMPANIA ANONIMA

FILED Feb 28 1997 8:00am Secretary of State

0529411



AV ANDRES BELLO. ED FL PALACE PISOF -7 P.O. BOX 80260 CARACAS. VENZUELA 1080		AV ANDRES BELLO. ED FL PALACE PISOF -7 P.O. BOX 80260 CARACAS. VENZUELA 1080			3. Date Incorporated or Qualified 02/04/1981				
	Place of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE			oplied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
2	Fo.	City & State						equired	
City & Sta	te .	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zιρ	Country	/	8. This corporation has liability for		ax under s	199.032	
<u>J</u>	25	29	30				No		
040	 Name and Address of Curre TRO, CARLOS A. E 	ent Hegistereo Agent	81	Name	10. Name and Address of New Re	gistered Ag	jent		
	DIANA SALUDES								
	OUTH BISCAYNE BLVD., 30TH F	LOOR	82	Street	Address (P.O. Box Number is Not Acceptat	ole)			
	WI FL 33131		83		· · · · · · · · · · · · · · · · · · ·				
			84	City			85 Zip (Code	
			•	City		FL	199 z.ip	Dode	
IGNATURE	am familiar with, and accept the obli-	gercand the happicatio (NOTE Registered Ag		required when reinstarng)	DATE			
2.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				
1118	JAIMES, SIMON EDUARDO	☐ DELETE	1.1 TITLE			i.	Change	Additio	
AME TOUR A AUDDEOU	FLA.PALACE BLDG, 2ND FL.	/	1.2 NAME						
TREET ADDRESS ITY+ST+ZIP	CARACAS, VENEZUELA	•	1.3 STREE 1.4 CITY-5	ADDRESS					
111-51-21r	V	☐ DELETE	21 TITLE		VICE-PRESIDENT	Ε	Change	Additio	
AME	JAIMES, LIGIA BONILLA	1	22 NAME		TAIMES SHIRLEY		•		
TREET ADDRESS	FLA.PALACE BLDG, 2ND FL.	✓	2.3 STREE	ADDRESS	Av. Andres Bello. Ed. FL	oridat	Palac	2	
ITY - \$1 - 7(P	CARACAS, VENEZUELA		2 4 CITY-	\$T-ZIP	JAIMES, SHIRLEY AV. Andres Bello, Ed. FL CARACAS - VENE	zuela			
TLE		DELETE	3.1 TITLE			Ľ	Change	Addition	
AME			3.2 NAME						
IREET ADDALSS				ADDRESS					
TY-ST-ZIP TLE		☐ DELETE	3.4. CITY- 4.1 TITLE	91.5k		- Γ	Change	☐ Additi	
AME			4. 2 NAME				_ •		
TREET ADDRESS			4.3 STREE	ADDRESS					
ITY - \$1 - ZIP			4.4 CITY - 3	ST-ZIP					
ILE		DELETE	5.1 TITLE			L	Change	Additi	
AME			5.2 NAME						
TREEL ADDRESS				ADDRESS					
ITY-SI-ZIP TLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE	JT * LIF		I	Change	Additio	
AM:			6.2 NAME	1		-	•		
TREET ADDRESS			6.3 STREE	ADDRESS					
FTY - ST - ZIP			6.4 CITY -						
informati Lam an d	ori indicated on this annual report or	supplemental annual report on the receives or trustee em	is true and acc powered to exec	urate and	tated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega eport as required by Chapter 607, Florida S	al effect as if	f made un	der oath; th	
SIGNAT	TURE: STOL	HITTER BE	QUIRE	()					
/IQITAI		OR PRINTED NAME OF SIGNING OFF	CER OR DIRECTOR		Date	Dayt	time Phone #		