


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90175 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 848167		
1. Corporation Name S.E. JAIMES INGENIEROS ASOCIADOS COMPANIA ANONIMA ✓ A		
Principal Place of Business AV ANDRES BELLO. ED FL PALACE PISOF 7 P.O. BOX 80260 CARACAS, VENEZUELA 1080 ✓	Mailing Address AV ANDRES BELLO. ED FL PALACE PISOF 7 P.O. BOX 80260 CARACAS, VENEZUELA 1080 ✓	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1981 ✓	
21		26		4. FEI Number NOT APPLICABLE ✓	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CASTRO, CARLOS A. E C/O DIANA SALUDES 2 SOUTH BISCAYNE BLVD., 30TH FLOOR ✓ MIAMI FL 33131				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 _____
 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIMES, SIMON EDUARDO ✓	1.2 NAME	
STREET ADDRESS	FLA.PALACE BLDG, 2ND FL. ✓	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIMES, LIGIA BONILLA ✓	2.2 NAME	
STREET ADDRESS	FLA.PALACE BLDG, 2ND FL. ✓	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIMES, SHIRLEY ✓	3.2 NAME	
STREET ADDRESS	AV ANDRES BELLO, ED. FLORIDA PALACE ✓	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE SIMON JAIMES 20/04/99 (305)539 4762
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENTE Date Daytime Phone #

0000067

CR2E034 (1/1/98)