

2005 FOR PROFIT CORPORATION REINSTATEMENT


APPROVAL AND FILED

05 DEC 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000003974

1. Entity Name
CONSERVAS PANAMENAS SELECTAS, S.A.



Principal Place of Business
**VIA BOLIVAR, TRANSISTMICA
PANAMA - PANAMA,**

Mailing Address
**APARTADO POSTAL 08-16-01915
PANAMA 5 PANAMA,**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10222005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLAGHER, JOHN
739 BLUE ROAD
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name **Gallagher, John**

Street Address (P.O. Box Number is Not Acceptable)

17110 Water Bend Drive #221

City **Jupiter** FL Zip Code **33477**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **11/8/05**

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

FILE NOW!! FEES \$750.00
After January 1, 2006, Fee will be \$900.00

610061630206
11/22/05--01077--001 **750.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHIARI, RICARDO P.O. BOX 8404 PANAMA 7, PANAMA, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGAROPULOS, TEODORO P.O. BOX 6-4000 EL DORADO, PANAMA, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PSYCHOYOS, ALEXANDER P.O. BOX 6-4000 EL DORADO, PANAMA, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENDARA, GUILLERMO P.O. BOX 4577 PANAMA 5, PANAMA, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALEXANDER PSYCHOYOS P.O. BOX 6-4000 EL DORADO, PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHIARI, RICARDO P.O. BOX 8404 PANAMA 7 PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BARLETTA, LUIS P.O. BOX 0816-0915 PANAMA 5 PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GARCIA DE PEREDES, JOSE LUIS P.O. BOX 8404 PANAMA 7 PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER EDMUNDO VIDAL P.O. BOX 0816-01915 PANAMA 5 PANAMA. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER. <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **EDMUNDO VIDAL GENERAL MANAGER** 11/16/05 011-507-261 0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eskel DEC 14 2005