

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 14 PM 9:26

**DOCUMENT # F93000001401 (9)**

1. Corporation Name

**DRISCOLL STRAWBERRY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 50045  
 WATSONVILLE CA

P.O. BOX 50045  
 WATSONVILLE CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1993** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **94-1237296** 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**

6. The corporation has liability for intangible tax under Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOSIER, GARY**  
**12885 US HIGHWAY 92 EAST**  
**DOVER FL 33527**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MORENA, KENNETH
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077
TITLE	CVPD
NAME	REITER, J M
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077
TITLE	SD
NAME	DRISCOLL, THOMAS
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077
TITLE	TD
NAME	FLORY, WILLIAM
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077
TITLE	D
NAME	BODENSTEIN, KENNETH
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077
TITLE	D
NAME	HARNEY, HENRY
STREET ADDRESS	345 WESTRIDGE DRIVE
CITY, ST, ZIP	WATSONVILLE CA 95077

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	DIRECTOR
53 STREET ADDRESS	BOYLES, CHARLES
54 CITY, ST, ZIP	345 WESTRIDGE DRIVE
	WATSONVILLE, CA 95077
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

CR2E034 (3/95)

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)(b), 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, changed, or on an attachment with an address

SIGNATURE:

*Alec Duarte* **ALEC DUARTE CFO** 6/6/95 408-761-5361

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
5

DOCUMENT # **F93000001430 (8)**

1. Corporation Name  
**SERVICIOS AVENSA S.A.**

Principal Place of Business <b>800 BRICKELL AVENUE, SUITE 1109 MIAMI FL 33131</b>	Mailing Address <b>200 SE FIRST ST PENTHOUSE MIAMI FL 33131 AS</b> <i>800 Brickell Ave Suite 1109 Miami, FL 33131</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/23/1993</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>65-0274782</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under G. 100.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent  
**PENINSULA REGISTERED AGENTS, INC.  
200 SE FIRST STREET  
PENTHOUSE  
MIAMI FL 33131**

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
	<b>200 South Biscayne Blvd. # 4874</b>		<b>MIAMI, FL</b>	<b>33131-2398</b>

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 the if applicable (8211) Registered Agent signature required when recording. (12A1)

12. OFFICERS AND DIRECTORS

TITLE	<b>CP</b>
NAME	<b>BOULTON, HENRY L</b>
STREET ADDRESS	<b>TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD</b>
CITY ST ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>DV</b>
NAME	<b>PAEZ, PABLO P</b>
STREET ADDRESS	<b>TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD</b>
CITY ST ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>D</b>
NAME	<b>FERNANDEZ, SANTIAGO</b>
STREET ADDRESS	<b>TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD</b>
CITY ST ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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>DS</b>
23. STREET ADDRESS	<b>TERIUS, JOSE</b>
24. CITY ST ZIP	<b>TORRE EL CHORRO, PISO 13, AV. UNIVERSIDAD</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 (typed or on an attachment) with an address.

SIGNATURE: \_\_\_\_\_ **JOSE TERIUS, DIRECTOR/SECRETARY, 03/31/95**  
SIGNATURE AND WORDS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR