

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90084 030 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # F93000001430

1. Corporation Name
SERVICIOS AVENSA S.A.



Principal Place of Business
800 BRICKELL AVENUE SUITE 1109
MIAMI FL 33121

Mailing Address
800 BRICKELL AVE
SUITE 1109
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1993

2. Principal Place of Business
21 2360 NW 66th Ave
Suite, Apt. #, etc.
22 Bldg. 701 Ste. 260
City & State
23 Miami, FL. 33122
Zip Country
24 33122 25 Miami-Dade

2a. Mailing Address
26 P.O. Box 520617
Suite, Apt. #, etc.
27
City & State
28 Miami, FL 33152
Zip Country
29 33152 30 Miami-Dade

4. FEI Number
65-0274782
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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD #4874
MIAMI FL 33131-2398

10. Name and Address of New Registered Agent
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 607.0505, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
CP	BOULTON, HENRY L	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	CARACAS, VENEZUELA	<input type="checkbox"/>
DS	TERIUS, JOSE	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	CARACAS, VENEZUELA	<input type="checkbox"/>
D	FERNANDEZ, SANTIAGO	TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD	CARACAS, VENEZUELA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99 (305) 871-1604
Date Daytime Phone #

CR2E034 (11/98)