

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000003339 (8)

1. Corporation Name

PRIMAVERA INVESTMENTS, S.A.



Principal Place of Business

Mailing Address

ISABEL LARDIZABAL
10411 SW 108 AVENUE D-250
MIAMI FL 33176

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10411 SW 108 AVENUE D-250
MIAMI FL 33176

3. Date Incorporated or Qualified
06/24/1994

3a. Date of Last Report
07/19/1995

21. Principal Place of Business
12123 SW 131 Ave

2a. Mailing Address
12123 SW 131 Ave

4. FEI Number
98-0060070

Applied For
Not Applicable

22. Suite, Apt # etc

27. Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State
Miami FL

28. City & State
Miami FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip 33186 Country US

29. Zip 33186 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARDIZABAL, ISABEL
10411 SW 108 AVENUE, APT. D-250
MIAMI FL 33176

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 type for the principal officer or director of a corporation (applicable)

(b)(2) Registered Agent signature required when appointing

Date

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTC	<input type="checkbox"/>
NAME	UZCATEGUI, SERGIO D	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	
CITY - ST - ZIP	OFICINA 4B, CHUAO, CURACAS	
TITLE	VVC	<input type="checkbox"/>
NAME	GALINDO, JOSE M	
STREET ADDRESS	CALLE ELVIRA MENDEZ NO. 10	
CITY - ST - ZIP	PANAMA 5, REP. DE PANAMA	
TITLE	SD	<input type="checkbox"/>
NAME	DE DIAZ, MERCEDES P	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	
CITY - ST - ZIP	OFICINA 4B, CHUAO, CARACAS	
TITLE	DSS	<input type="checkbox"/>
NAME	PEREZ, SERGIO I	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	
CITY - ST - ZIP	OFICINA 4B, CHUAO, CARACAS	
TITLE	DAS	<input type="checkbox"/>
NAME	PEREZ, MIRTA L	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	
CITY - ST - ZIP	OFICINA 4B, CHUAO, CARACAS	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isabel Lardizabal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/96 (305) 254-4697

CR2E034 (3/96)