

AMOUNT DUE ON OR BEFORE 9/17/97: \$550

FILED

Sep 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004526 (8)

1. Corporation Name
TRILATERAL INVESTMENTS, S.A.

Principal Place of Business Mailing Address
% GERSON PRESTON & COMPANY P.A.
666 71ST ST MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1995
3a. Date of Last Report 02/13/1996
4. FEI Number 52-1212229
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GERSON PRESTON & CO. P.A.
666 71ST ST
MIAMI BEACH FL 33141
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

Table with 12 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-ST-ZIP, Delete checkbox) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, Title, Name, Street Address, City-ST-ZIP, Change/Addition checkboxes). Includes handwritten signature 'Rav 9-11-97' and identification number '100002290991-09/11/97--01110--009 ***550.00'.

14. I do 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.

SIGNATURE: [Handwritten Signature] Jana S Svooboda 9-5-1997