

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

**FILED**  
**Mar 13 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 # F96000001456 (0)**

1. Corporation Name  
**INVERSIONES CIFUENTES C.A.**



Principal Place of Business  
**% VICIANA & SHAFER, P.A.**  
**2600 DOUGLAS RD. PH 8**  
**CORAL GABLES FL 33134**

Mailing Address  
**% VICIANA & SHAFER, P.A.**  
**2600 DOUGLAS RD. PH 8**  
**CORAL GABLES FL 33134-6125**

3. Date Incorporated or Qualified **03/21/1996** 3a. Date of Last Report

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	Country
24	Country	29	Country

4. FEI Number <b>52-1858479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VICIANA, ENRIQUE**  
**2600 DOUGLAS RD, PH 8**  
**CORAL GABLES FL 33134**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>MENENDEZ, ADRIANO C</b>	
STREET ADDRESS	<b>ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL</b>	
CITY-ST-ZIP	<b>CARACAS VENEZUELA</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE CIFUENTES, SOLEDAD R</b>	
STREET ADDRESS	<b>ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL</b>	
CITY-ST-ZIP	<b>CARACAS VENEZUELA</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, MARIBEL C</b>	
STREET ADDRESS	<b>ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL</b>	
CITY-ST-ZIP	<b>CARACAS VENEZUELA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **3/19/97** (305) 446-0969

CR2E034 (9/96)