

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

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98 APR -1 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006725 (2)
1. Corporation Name
UNION MARITIMA INTERNACIONAL, S.A.



Principal Place of Business SERRANO, 45-3 DEGREES MADRID, 28001, SPAIN OC	Mailing Address SERRANO, 45-3 DEGREES MADRID, 28001, SPAIN OC
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 Suite 470
Zip	City & State
24 Country	28 Miami - FL
25 Country	Zip
29 33126	30 Miami-Dade

3. Date Incorporated or Qualified 12/18/1997	
4. FEI Number 98-0106688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MARK E. FRIED, P.A.
1110 BRICKELL AVE., STE. 700
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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, JENARO FELIX	1.2 NAME	900002476009-3
STREET ADDRESS	CAMINO DE MALTONES	1.3 STREET ADDRESS	-04/01/98--01105--001
CITY-ST-ZIP	ALGETE MADRID	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMANN, MARKUS	2.2 NAME	900002476009-3
STREET ADDRESS	SEKRETARIAT MR. AKERMANN CH 1298	2.3 STREET ADDRESS	-04/01/98--01105--002
CITY-ST-ZIP	CELIGNY, SWITZERLAND	2.4 CITY-ST-ZIP	*****9.00 *****9.00
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, BENOIT	3.2 NAME	
STREET ADDRESS	489 AVENUE LOUISE	3.3 STREET ADDRESS	
CITY-ST-ZIP	1050 BRUXELLES, BELGIUM	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARELA, FERNANDO	4.2 NAME	
STREET ADDRESS	PO CASTELLANA	4.3 STREET ADDRESS	
CITY-ST-ZIP	8 MADRID	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUANA, MARIANO	5.2 NAME	
STREET ADDRESS	5115 MORIKEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	5.4 CITY-ST-ZIP	
TITLE	PM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANUEVA, JOAQUIN	6.2 NAME	
STREET ADDRESS	SERRANO, 45-28001	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID	6.4 CITY-ST-ZIP	

[Handwritten signature and date: 4/1]

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.

CR2E034 (10/97)