

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04013 (9)**

1. Corporation Name
ALMYRA COMPANY N.V., INC.



Principal Place of Business

Mailing Address

2 S. BISCAYNE BLVD.
STE.3400
MIAMI FL 33131

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STE.3400
MIAMI FL 33131

3. Date Incorporated or Qualified 11/09/1984	3a. Date of Last Report 04/10/1995
4. FEI Number 59-2471378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. C/O Miguel Guzman, CPA Suite, Apt. #, etc.	2a. Mailing Address 26. C/O Miguel Guzman, CPA Suite, Apt. #, etc.
22. 11211 Prosperity Farms Rd. City & State #102 Palm Beach Gardens, FL	27. 11212 Prosperity Farms Rd. City & State #102 Palm Beach Gardens, FL
23. Zip: 33410 Country: U.S.	28. Zip: 33410 Country: U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.
2 S. BISCAYNE BLVD.
STE.3400
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 or print a name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MIRANDA, MARIO RODOLFO 6945 GRANADA BLVD. CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V. Pres. de Armas, Osvaldo C/O M. Guzman, 11211 Prosperity Farms Rd Suite 102, Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, MARIO JOAQUIN	<input type="checkbox"/> DELETE	2.1 TITLE Dir/Pres. Miranda, Mario Joaquin Azucarera El Palmar, Apartado 1518-1000 San Jose, Costa Rica "N/A" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6945 GRANADA BLVD.		2.2 NAME
CITY-ST-ZIP	CORAL GABLES FL		2.3 STREET ADDRESS
TITLE	SD MIRANDA, MARIA MERCEDES 6945 GRANADA BLVD. CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME	MIRANDA, JORGE RODOLFO		3.1 TITLE
STREET ADDRESS	6945 GRANADA BLVD.		3.2 NAME
CITY-ST-ZIP	CORAL GABLES FL		3.3 STREET ADDRESS
TITLE	TD MIRANDA, JORGE RODOLFO 6945 GRANADA BLVD. CORAL GABLES FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME	MIRANDA, JORGE RODOLFO		4.1 TITLE
STREET ADDRESS	6945 GRANADA BLVD.		4.2 NAME
CITY-ST-ZIP	CORAL GABLES FL		4.3 STREET ADDRESS
TITLE	AS VALDES-FAULI, RAUL E. 2 S BISCAYNE BLVD MIAMI FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME	VALDES-FAULI, RAUL E.		5.1 TITLE
STREET ADDRESS	2 S BISCAYNE BLVD		5.2 NAME
CITY-ST-ZIP	MIAMI FL		5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (305) 376-8097
Date Daytime Phone #

CR2E034 (12/95)