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Feb 28 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 # P04013 (9)

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



Principal Place of Business: **C/O MIGUEL GUZMAN, CPA
 11211 PROSPERITY FARMS RD. #102
 PALM BCH GARDENS FL 33410
 US**

Mailing Address: **C/O MIGUEL GUZMAN, CPA
 11212 PROSPERITY FARMS ROAD, #102
 PALM BCH GARDENS FL 33410-3430
 US**

3. Date Incorporated or Qualified: **11/09/1984** 3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 2 S. Biscayne Blvd.		59-2471378		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27 Suite 3400		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28 Miami, FL					
Zip		Zip					
24		29 33131		Country		30 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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, OSVALDO	12 NAME	
STREET ADDRESS	% M. GUZMAN, 11211 PROSPERITY FARMS RD, 102	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, MARIO JOAQUIN	22 NAME	
STREET ADDRESS	AZUCARERA EL PALMAR, APARTADO 1518-1000	23 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CO	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, CARLOS E.	32 NAME	
STREET ADDRESS	AZUCARERA EL PALMAR, APTDO. 1518-1000	33 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CO	34 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, JORGE RODOLFO	42 NAME	
STREET ADDRESS	AZUCARERA EL PALMAR, APTDO. 1518-1000	43 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CO	44 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-FAULI, RAUL E.	52 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: *Raul E. Valdes-Fauli* **Raul E. Valdes-Fauli** 1/13/97 (305) 376-6000

CP2E034 (9/96)