

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

FILED

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
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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
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3. Date Incorporated or Qualified 11/09/1984	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 2 S. Biscayne Blvd. 27 Suite, Apt. #, etc. 27 Suite 3400 28 City & State 28 Miami, FL 29 Zip 29 33131 30 Country 30 U.S.	4. FEI Number 59-2471378 Applied For 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
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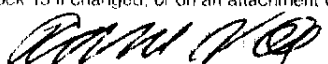
9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC. 2 S. BISCAYNE BLVD. STE.3400 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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** 1/13/97 (305) 376-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)