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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90001 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04013
 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 2 S BISCAYNE BLVD 3400 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/09/1984	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DE ARMAS, OSVALDO	
STREET ADDRESS	% M. GUZMAN, 11211 PROSPERITY FARMS RD, 102	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MIRANDA, MARIO JOAQUIN	
STREET ADDRESS	AZUCARERA EL PALMAR, APARTADO 1518-1000	
CITY-ST-ZIP	SAN JOSE CO	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MIRANDA, CARLOS E.	
STREET ADDRESS	AZUCARERA EL PALMAR, APTDO. 1518-1000	
CITY-ST-ZIP	SAN JOSE CO	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MIRANDA, JORGE RODOLFO	
STREET ADDRESS	AZUCARERA EL PALMAR, APTDO. 1518-1000	
CITY-ST-ZIP	SAN JOSE CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VALDES-FAULI, RAUL E.	
STREET ADDRESS	2 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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, with all other like empowered.

SIGNATURE: Raul E. Valdes-Fauli January 5, 1998 (305) 376-6097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)