

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15051** (6)

1. Corporation Name
INVESTMENT 237 S.A.



Principal Place of Business: **CALLE 53 Y AV. SAMUEL LEWIS RD PANAMA CITY PA**
Mailing Address: **980 N. FEDERAL HIGHWAY #312 BOCA RATON FL 33432**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 04/10/1995
21	22	26	27	4. FET Number 59-2815917	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAMES, RANDOLPH H. 980 N. FEDERAL HWY 312 BOCA RATON FL 33432				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 _____ DATE _____
Signature of registered agent in Florida _____
Signature of Agent in jurisdiction _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, LORENZO	1.2 NAME	
STREET ADDRESS	%CALLE 53 Y AV.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, PANAMA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MIRIAM	2.2 NAME	
STREET ADDRESS	%CALLE 53 Y AV.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, PANAMA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEABRAHAMS, MARITZA	3.2 NAME	
STREET ADDRESS	%CALLE 53 Y AV.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, PANAMA	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURGENS, FRANK	4.2 NAME	
STREET ADDRESS	AVENIDA URDANETA	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURGENS, FRANK, JR.	5.2 NAME	
STREET ADDRESS	AVENIDA URDANETA	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENEZUELA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 employed by it 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 in an attachment with an address.

SIGNATURE: _____ DATE: **FCS 1996** DAYTIME PHONE: **0115825612764**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANK J. JURGENS**

CR2E034 (12/95)