

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

FILED

**Feb 04 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 # 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 33432-2704**

3. Date Incorporated or Qualified 06/30/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2815917	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent JAMES, RANDOLPH H. 980 N. FEDERAL HWY 312 BOCA RATON FL 33432		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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEEZ, 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 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 its officer 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 charged, or on an attachment with an address.

SIGNATURE: **[Signature]** **Jan 22 1997** **+1825612764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)