

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 26 AM 11:15

SECURITY CODE
CALL 800-352-7000

500001545855
-07/25/95--01102--020
******225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
Division of Corporations

DOCUMENT # P27162 (7)
WEST INDIES EXPORT S.A. CORPORATION

Principal Place of Business: **C/O MARTIN E. PONS
P. O. BOX 110839
MIAMI FL 33111**
Mailing Address: **C/O MARTIN E. PONS
P. O. BOX 110839
MIAMI FL 33111**

3. Date Incorporated or Quiescent: **12/06/1989** 3a. Date of Last Report: **06/15/1994**
4. FIC Number: **NOT APPLICABLE** Applied Fee: **Not Applicable**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. This corporation is a foreign corporation: **\$5.00 May Be Added to Fees**
7. This corporation has authority to transact business in the State of Florida: Yes No

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

9. Name and Address of Current Registered Agent: **PONS, MARTIN E.
169 E FLAGLER ST #1517
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: _____

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3)(b), Florida Statutes, the above named corporation certifies this statement for the purposes of changing its registered office or registered agent or both in the State of Florida. Such changes were 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 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. STOCKHOLDERS	
NAME	PD ABREGO, JOSE BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	VD BERMUDEZ, FRANCISCO M. BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	SD CONTRERAS, LILIA BAKER BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	D DORADO, RICARDO BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	AS PONS, MARTIN E. 8460 N. KENDALL DR. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and true and correct, and that the corporation shall file this annual report with the Department of State on or before the date specified on this report as required by Chapter 607, Florida Statutes, and that the parties appear in this report to be the true and correct owners of the shares of the corporation.

SIGNATURE: *Martin E. Pons* **MARTIN E PONS/AS** 6/28/95 305-371-2723

CR2E034 (3/95)