

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 # **P27162** (7)
1. Corporation Name
WEST INDIES EXPORT S.A. CORPORATION



Principal Place of Business: **C/O MARTIN E. PONS, P. O. BOX 110639, MIAMI FL 33111**
Mailing Address: **C/O MARTIN E. PONS, P. O. BOX 110639, MIAMI FL 33111**

3. Date Incorporated or Qualified: **12/06/1989**
3a. Date of Last Report: **07/24/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **13727 S.W. 152 ST.**
2a. Mailing Address: **13727 S.W. 152 ST.**
22. Suite, Apt. #, etc.: **SUITE 325**
27. Suite, Apt. #, etc.: **SUITE 325**
23. City & State: **MIAMI FL**
28. City & State: **MIAMI, FL**
24. Zip: **33177** Country: **FL**
29. Zip: **33177** 30. Country: **FL**

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: **Mrs. Martin E.**
82. Street Address (P.O. Box Number is Not Acceptable): **200 S. BISCAYNE BLVD #4900**
83.
84. City: **MIAMI** FL 85. Zip Code: **33177**

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: *Martin E. Pons* (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABREGO, JOSE	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, FRANCISCO M.	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONTRERAS, LILIA BAKER	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORADO, RICARDO	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PONS, MARTIN E.	
STREET ADDRESS	8460 N. KENDALL DR.	
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 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 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: *Martin E. Pons* MARTIN E. PONS 4/18/96 (305) 373-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)