

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27162 (7)

1. Corporation Name:
WEST INDIES EXPORT S.A. CORPORATION



Principal Place of Business 13727 SW 152ND STREET SUITE 325 MIAMI FL 33177 US	Mailing Address 13727 SW 152ND STREET SUITE 325 MIAMI FL 33177-1106 US
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3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 04/24/1996
4. FEI Number NOT APPLICABLE	Applied For 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	

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

**PONS, MARTIN E.
200 S. BISCAYNE BLVD
SUITE 4920
MIAMI FL 33177**

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: _____ DATE: _____
Signature of the person who is the registered agent, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREGO, JOSE	1.2 NAME	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	1.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY PANAMA	1.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMUDEZ, FRANCISCO M.	2.2 NAME	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	2.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY PANAMA	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, LILIA BAKER	3.2 NAME	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	3.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY PANAMA	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORADO, RICARDO	4.2 NAME	
STREET ADDRESS	BANCO UNION BLDG., 6TH FL	4.3 STREET ADDRESS	
CITY- ST- ZIP	PANAMA CITY PANAMA	4.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONS, MARTIN E.	5.2 NAME	
STREET ADDRESS	8460 N. KENDALL DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	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 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 AS** 1/27/97 305-773-39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)