

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:44

DOCUMENT # V41437 (7)

1. Corporation Name
RETAMA USA, INC.

Principal Place of Business: **2655 LE JEUNE ROAD
SUITE 611
CORAL GABLES FL 33134**

Mailing Address: **701 BRICKELL AVENUE
SUITE 1600 (RFH)
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/05/1992** 3a. Date of Last Report: **03/21/1994**

4. FEI Number: **65-0339102** Applied For: Applied For 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: **21**

2a. Mailing Address: **25**

22. Suite, Apt. #, etc. **27**

23. City & State **28**

24. Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**HUDSON, ROBERT F., JR.
701 BRICKELL AVE.
SUITE 1600
MIAMI FL 33131-2902**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

D

TITLE **CUSTER, JACQUES R.**

NAME **2655 LE JEUNE RD., #611**

STREET ADDRESS **CORAL GABLES FL**

CITY-ST-ZIP

AS

TITLE **HUDSON, R. B.**

NAME **701 BRICKELL AVENUE, STE 1600**

STREET ADDRESS **MIAMI FL**

CITY-ST-ZIP

Assistant Secretary

NAME **Venter, Claire W.**

STREET ADDRESS **10453 SW 114 St.**

CITY-ST-ZIP **Miami, FL 33176**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 110.07(3)(b), 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: Claire W. Venter 1/22/95 305-232-3908

Claire W. Venter, Assistant Secretary