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Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 838870 (4)

1. Corporation Name
INVERSIONES DEID C. A.

Principal Place of Business	Mailing Address
2333 BRICKELL AVE. APT. #604 MIAMI FL 33129 US	2333 BRICKELL AVE. APT. #604 MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1977

2. Principal Place of Business
21: MIAMI - BRICKELL AV
Suite, Apt. #, etc. 22: 604
City & State 23: MIAMI - FL
Zip 24: 33129 Country 25: U.S.A

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-1763975 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUQUE, ENRIQUE
2333 BRICKELL AVENUE, APT.# 604
MIAMI FL 33129

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 607.0[illegible]02 and 6[illegible]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 St[illegible]e o[illegible]Flori[illegible]. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar [illegible]eot the ob[illegible]p[illegible]ons o[illegible]Section 607.0505, Florida Statutes.

SIGNATURE _____ Jan. 12 98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUQUE, ENRIQUE		1.2 NAME		
STREET ADDRESS	2333 BRICKELL AVE. #604		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUBOIS, CHARLES		2.2 NAME		
STREET ADDRESS	2333 BRICKELL AVE. #604		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: SIGNATURE REQUIRED Jan. 12 98 858-6075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #