

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 26, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 508622 (8)**  
**1. Corporation Name:**  
**FOREIGN INVESTMENTS CONSULTANTS CORPORATION**

|                                                          |                     |                                                          |                     |
|----------------------------------------------------------|---------------------|----------------------------------------------------------|---------------------|
| Principal Place of Business                              |                     | Mailing Address                                          |                     |
| 300 SEVILLA AVENUE<br>SUITE 301<br>CORAL GABLES FL 33134 |                     | 300 SEVILLA AVENUE<br>SUITE 301<br>CORAL GABLES FL 33134 |                     |
| 2. Principal Place of Business                           |                     | 2a. Mailing Address                                      |                     |
| 21                                                       | Suite, Apt. #, etc. | 26                                                       | Suite, Apt. #, etc. |
| 22                                                       | City & State        | 27                                                       | City & State        |
| 23                                                       | Zip                 | 28                                                       | Zip                 |
| 24                                                       | Country             | 29                                                       | Country             |
| 9. Name and Address of Current Registered Agent          |                     | 30                                                       |                     |
| CASTRO, CARLOS ALBERTO                                   |                     | 81                                                       | Name                |
| 1001 SOUTH BAYSHORE DRIVE                                |                     | 82                                                       | Street Address      |
| 24TH FLOOR WEST, BAYSHORE DRIVE                          |                     | 83                                                       |                     |
| MIAMI FL 33131                                           |                     | 84                                                       | City                |

|                                                                                                 |                                                                |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>06/09/1976</b>                                   | <b>3a. Date of Last Report</b><br><b>02/17/1995</b>            |
| <b>4. FEI Number</b><br><b>59-1672956</b>                                                       | Applied For<br>Not Applicable                                  |
| <b>5. Certificate of Status Desired</b>                                                         | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| <b>6. Election Campaign Financing</b><br>Trust Fund Contribution                                | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.</b> |                                                                |
| <input type="checkbox"/> Yes                                                                    | <input checked="" type="checkbox"/> No                         |
| <b>10. Name and Address of New Registered Agent</b>                                             |                                                                |
| as if (O. Box Number is Not Acceptable)                                                         |                                                                |
| <b>FL</b>                                                                                       | <b>85</b> Zip Code                                             |

11. Pursuant to the provisions of Sections 607.0507 and 607.4508, 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_

[illegible]

1977-1980. *Journal of Applied Ecology*, 14, 1-12.

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| 12. OFFICERS AND DIRECTORS |                        |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2 |  |                                                                   |
|----------------------------|------------------------|---------------------------------|-------------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE                      | C                      | <input type="checkbox"/> DELETE | 1. TITLE                                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTRO, GAUDENCIO E.   |                                 | 2. NAME                                               |  |                                                                   |
| STREET ADDRESS             | 844 MALAGA             |                                 | 3. STREET ADDRESS                                     |  |                                                                   |
| CITY - ST - ZIP            | CORAL GABLES FL        |                                 | 4. CITY - ST - ZIP                                    |  |                                                                   |
| TITLE                      | P                      | <input type="checkbox"/> DELETE | 5. TITLE                                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTRO, GAUDENCIO, JR. |                                 | 6. NAME                                               |  |                                                                   |
| STREET ADDRESS             | 731 SANTURCE AVE.      |                                 | 7. STREET ADDRESS                                     |  |                                                                   |
| CITY - ST - ZIP            | CORAL GABLES FL        |                                 | 8. CITY - ST - ZIP                                    |  |                                                                   |
| TITLE                      | T                      | <input type="checkbox"/> DELETE | 9. TITLE                                              |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CURBELO, ROBERTO       |                                 | 10. NAME                                              |  |                                                                   |
| STREET ADDRESS             | 300 SEVILLA            |                                 | 11. STREET ADDRESS                                    |  |                                                                   |
| CITY - ST - ZIP            | CORAL GABLES FL        |                                 | 12. CITY - ST - ZIP                                   |  |                                                                   |
| TITLE                      | S                      | <input type="checkbox"/> DELETE | 13. TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTRO, CARLOS ALBERTO |                                 | 14. NAME                                              |  |                                                                   |
| STREET ADDRESS             | 1001 S. BAYSHORE DR.   |                                 | 15. STREET ADDRESS                                    |  |                                                                   |
| CITY - ST - ZIP            | MIAMI FL               |                                 | 16. CITY - ST - ZIP                                   |  |                                                                   |
| TITLE                      | V                      | <input type="checkbox"/> DELETE | 17. TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASTRO, JOSE L.        |                                 | 18. NAME                                              |  |                                                                   |
| STREET ADDRESS             | 1531 CONSOLATA AVE.    |                                 | 19. STREET ADDRESS                                    |  |                                                                   |
| CITY - ST - ZIP            | CORAL GABLES FL        |                                 | 20. CITY - ST - ZIP                                   |  |                                                                   |
| TITLE                      |                        | <input type="checkbox"/> DELETE | 21. TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | 22. NAME                                              |  |                                                                   |
| STREET ADDRESS             |                        |                                 | 23. STREET ADDRESS                                    |  |                                                                   |
| CITY - ST - ZIP            |                        |                                 | 24. 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 addres.

**SIGNATURE:**

Signature of \_\_\_\_\_ Chairman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22/96 (305) 4486707

CR2E034 (12/95)