FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 564121 (2)

INVERSIONES SANTEMA CORP.

Principal Place of Business	Mailing Address
1800 COLLINS AVE. APT. 16D MIAMI BEACH FL 33139	1800 COLLINS AVE. APT. 16D MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 12/02/1977
3a. Date of Last Report: 04/26/1994
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 ... Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

HERRERA, ANTONIO SALAZAR
1800 COLLINS AVE APT 16D
MIAMI FL 33139

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	PD
NAME	SALAZAR H., ANTONIO
STREET ADDRESS	1800 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD
NAME	DE SALAZAR, EMMA T.
STREET ADDRESS	1800 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	T
NAME	SALAZAR T. OMAR
STREET ADDRESS	1800 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S
NAME	DE PENUELA, MARTA S.
STREET ADDRESS	1800 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	SALAZAR T., GILBERTO
STREET ADDRESS	1800 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	[illegible]
NAME	[illegible]
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change / Addition) — blank

14. I the undersigned 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)(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: Antonio Salazar H. — 4-20-95 (305) 270 4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0146636 CP