


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 564121 1. Corporation Name INVERSIONES SANTEMA CORP. 1800 COLLIS AVE. APT. 16D Miami Beach, FL. 33139			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 1800 COLLIS AVE Suite, Apt. #, etc. 27 APT. 16D City & State 28 MIAMI BEACH FL Zip Country 29 33139 30	
3. Date Incorporated or Qualified 12/02/1977		3a. Date of Last Report 03/ /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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERRERA, ANTONIO SALAZAR 1800 COLLINS AVE. APT. 16D MIAMI BEACH 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 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 (Type, print, or type and print name of registered agent and file, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P/D	<input type="checkbox"/> DELETE	
NAME	SALAZAR H., ANTONIO		
STREET ADDRESS	1800 COLLINS AVE. Apt. 16D		
CITY-ST-ZIP	Miami Beach FL		
TITLE	V/D	<input type="checkbox"/> DELETE	
NAME	De SALAZAR EMMA T.		
STREET ADDRESS	1800 COLLIS AVE APT. 16D		
CITY-ST-ZIP	Miami Beach, FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	SALAZAR T. OMAR		
STREET ADDRESS	1800 COLLINS ave. APT. 16D		
CITY-ST-ZIP	Miami Beach, FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	DE PENUELA MARTHA S.		
STREET ADDRESS	1800 COLLIS AVE. APT. 16D		
CITY-ST-ZIP	MIAMI BEACH FL.		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SALAZAR T., GILBERTO		
STREET ADDRESS	1800 COLLINS AVE. APT 16D		
CITY-ST-ZIP	MIAMI BEACH, FL.		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 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; and that I am duly authorized, empowered, 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 checked.			
SIGNATURE: <i>Antonio Salazar</i> 4-17-97 305-220-4588 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR FIRMA AUTORIZADA			

CR2E034 (9/96)