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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

SIGNATURE:

834963

(1)

Mailing Address

ROSALILA INVESTMENTS, N.V.

Jan 30 1998 8:00am Secretary of State

FILED



% MARIA D. RESTREPO % MARIA D. RESTREPO 1000 WEST AVENUE, EXECUTIVE OFFICES 1000 WEST AVENUE, EXECUTIVE OFFICES DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 09/04/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3STAR IS AND 59-1742565 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired MIAMI BEACH 22 Fee Required City & State City & State-\$5.00 May Be 6. Election Campaign Financing Florida Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible USA Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RESTREPO, MARIA D. 1000 WEST AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE CORPORATE AGENTS N.V. 1.2 NAME NAME STREET ADDRESS 23 PIETERMAAI 1.3 STREET ADDRESS CURACAO, NETHERLANDS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE PD 21 TITLE NIETO, ALFONSO NAME 2.2 NAME CALLE 137D, #163-60 STREET ADDRESS 2.3 STREET ADDRESS **BOGOTA CO** CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change TITLE 3 1 TITLE Addition NIETO, ROSA NAME 3.2 NAME GALLE 137D #163-60 STREET ADDRESS 3.3 STREET ADDRESS **BOGOTA CO** CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

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, of on an attachment with an address.