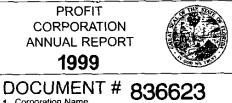
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

CEFERNI, S.A., INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90110 001 ***150.00

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				—			BO ISIN ONDAL DIN			
Principal Place	e of Business	Mailing Address								
9240 SUNSET D	DRIVE	9240 SUNSET DRIVE								
SUITE 204 MIAMI FL 33173		SUITE 204 MIAMI FL 33173			DO NOT WRIT	E IN THIS S	SPACE			
WILLIAM TE COTTO	,	W				3. Date Incorporated or Qualifed 07/02/1976				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26		_		59-1445813				opplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			!	5. Certificate of Status Desired	<u> </u>		5 Add Requ	ditional iired
City & State	9	City & State				6. Election Campaign Financing		\$5.	00 м	ay Be
23		28				Trust Fund Contribution	~ 	Add	ed to	Fees
Zip	Country	Zip	_ Counti ⊐	гу	,	8. This corporation owes the curre			•]No
24	25	29 30	<u> </u>			Personal Property Tax.		Yes		INO
	9. Name and Address of Current	Registered Agent	8	4	Name	10. Name and Address of New R	egistered A	Aeur		
SEMI	ET, BARRY N		Ľ			<u>.</u>				
201 ALHAMBRAXIRGE 100 S		S.E. 2nd.St.	8	2	Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
		Floor i, Florida 33	1318	3						
our	AK BARKESAT 33134 Mlam	, 11011dd 55		4	City		FL	85	Zip Co	de
D. D. D.	to the provisions of Sections 607.0502	and 607 1508 Florida Statutos	the abo	NA-	named comor	ration submits this statement for the	purpose of c	hanging	its re	gistered
office or b	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	iorized b)v tr	ne corporation	's board of directors. I hereby accep	t the appoin	tment a	s regis	stered
SIGNATURE										
	Signature, typed or printed name of registered agent			ent s	signature required v	ADDITIONS/CHANGES TO OFF	DATE	DIBE	TOP	S IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AND			Addition
TITLE	, - .	C Delete	1.2 NAME						4-	
NAME	GARRIDO-LECCA, ALFONSO		•		ADDRESS /					ľ
STREET ADDRESS	9240 SUNSET DRIVE				1					İ
CITY-ST-ZIP	MIAMI FL 33173	☐ DELETE	1.4 CITY-ST 2.1 TITLE		<u> </u>			Cha	nge	Addition
TITLE	[- '	Li dette i	22 NAME		1	•		_	3-	_
NAME	SOWERS, ALBERTO A 9240 SUNSET DRIVE		I -		ODORESS					Í
STREET ADDRESS							· .		~ -	
CITY-ST-ZIP	MIAMI FL 33173	☐ DELETE	2. 4 CITY 3.1 TITLE		- ZIF			[] Char	nge	Addition
TITLE	DS Gonzalez Diaz, Fernando		3.2 NAME					_	-	_
NAME	9240 SUNSET DRIVE	}	ł		ADDRESS					}
STREET ADDRESS	MIAMI FL 33173		3.4. CITY			•				
CITY-ST-ZIP	HIMMIN I E OU I / O	DELETE	4,1 TITLE					☐ Char	nge	Addition
NAME		_	4. 2 NAM							}
STREET ADDRESS			L		ADDRESS					.
CITY-ST-ZIP			4.4 CITY-				-			
TITLE		☐ DELETE	5.1 TITLE	_				Chai	nge	Addition
NAME			5.2 NAME							}
STREET ADDRESS			5.3 STRE	EETA	ADDRESS					}
CITY-ST-ZIP		•	5.4 CITY-	-ST-	ZIP					{
TITLE		☐ DELETE	6.1 TITLE	=				☐ Cha	nge	Addition
NAME			6.2 NAME	Ε						Ì
STREET ADDRESS		1	6.3 STRE	ETA	ADDRESS					J
CINCE, ADDINESS			0.4.0170/	СТ	710					[

14. hereby certify that the information supplied with this filips 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, with all other like empowered.

SIGNATURE:

Alberto A.

Sower's.

01/11/1999

(305)279 - 0970

CR2E034 (11/98)