FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # 84	7485	(0)						
VELPA N.V., INC.								
Principal Place of Business	Mailing A	ddress				I DIII DIBAH DEDAI		
13516 SW 59TH LN		S W 26TH ST						
MIAMI FL 33183	MIAMI US	FL 33165			3. Date Incorporated or Qualified	3a. Date o	of Last Rea	norl
					11/14/1980		/11/199	
2. Principal Place of Business	2a. Mailin	g Address			4. FEI Number		A	pplied For
Suite, Apt. #, etc.	26 Suite	Apt #, etc.			98-0066230			ot Applicable Additional
Stille, Apt. #, etc.	27	Apt #, e.c.			5. Certificate of Status Desired			equired
City & State		State			6. Election Campaign Financing			May Be
3 Z₁p Country	28 Zip		Countr		Trust Fund Contribution 8. This corporation has liability for			to Fees
4 25	29		30	,	Florida Statutes Yes		0.106.3	135.002,
9. Name and Address	of Current Registered	Agent			10. Name and Address of New F	egistered A	gent	
			81					
SANTAMARINA, GEORGE M.				Street Add	ess (P.O. Box Number is Not Acceptable)			
7175 S.W. 8TH ST.,#204 MIAMI FL 33144			83	3			•	
MIPMITE 33144			84	City			85 Zip	Code
				"		FL		
Pursuant to the provisions of Sections or registered agent, or both, in the Statement with, and accept the obligation SIGNATURE Stracture, by ed or protection up to fee.	is ef, Section 607.0505, I	Florida Statutes			and or directors. Theretry accept the app	DAT:	gistered a	agent. Fani
	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
FILE PD		DELETE	1. 1 TUTE			Ĺ.	Change	Addition Addition
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CITY-ST-ZIP BUENOS AIRES, AR			140014					
TIFLE VSD	Y	DELETE	2 1 11114				Change	Addition
FOLCH, JUAN CARL	.OS VELEZ		2.2 NAME	ŀ				
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NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4 GiTY - 4.1 Tift:8			<u></u>) Change	☐ Addition
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STREET ADDRESS				EL ADDRESS				
City-ST-ZiP			5.4 CIT)					
TITLE	1	☐ DELETE	6 1 Titl	i] Change	☐ Addition
NAME STREET ADDRESS	,		6.2 NAM!	ET ADDRESS				
CITY-ST-ZIP	\ \		64 CITY	1				
14. I do hereby certify that the information certify that the information indicated or	n thill annual report or su the ourporalism or the re	ipplemental ann eceiver or truste	nished and do nua report is I se enipowered	es not qualify rue and accur	for the exemption stated in Section 119 ate and that my signature shall have the vis report as required by Chapter 607, F	e same legal e	effect as if	made under
SIGNATURE:	ND TYRED OR PRINTED NAME			 R	4-18-	-96 /E	/ 1 <i>05 - 5</i> _{Julia Pilane I}	55/-799