FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850495** **(3)**

1. Corporation Name

INVERSIONES ORFECA CORPORATION, INC.

Principal Place of Business	Mailing Address
8300 SW 8TH ST SUITE #303 MIAMI FL 33144 US	8300 SW 8TH ST SUITE #303 MIAMI FL 33144 US

3. Date Incorporated or Qualified: **09/28/1981**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **98-0052237** ☐ Applied For ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ-CAUBI, LUIS
9150 FONTAINEBLEAU BLVD.
STE 109
MIAMI FL 33172

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 _____ (NOTE: Registered Agent signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEW HEMISPHER TRUST CO		1.2 NAME		
STREET ADDRESS	SNIPWEG 41		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAO, NETHERLNDS0		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAUBI, LUIS FERNANDEZ		2.2 NAME		
STREET ADDRESS	9150 FONTAINEBLEAU BLVD, STE 109		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 0		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORTEGA TAIN, JOSE		3.2 NAME		
STREET ADDRESS	AVENIDA ANDRES BELLO		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA 0		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANAL, JOSE FERNANDEZ		4.2 NAME		
STREET ADDRESS	AVENIDA PRINCIPAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA 0		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASARES, ALBINO		5.2 NAME		
STREET ADDRESS	AVENIDA LOS ARMANES #31		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA 0		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MENDEZ-INSUA,ARISTIDES U		6.2 NAME		
STREET ADDRESS	8300 SW 8TH ST #303		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I do 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)(k), 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: _____ 1/24/96 (305)262-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Aristides U Mendez-Insua, VT

CR2E034 (12/95)