

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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850495 (3)

1. Corporation Name
INVERSIONES ORFECA CORPORATION, INC.

Principal Place of Business

8300 SW 8TH ST
SUITE #303
MIAMI FL 33144
US

Mailing Address

8300 SW 8TH ST
SUITE #303
MIAMI FL 33144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1981

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 MENDEZ-INSUA, ARISTIDES U.

82 Street Address (B.O. Box Number Is Not Acceptable)
8300 S.W. 8th Street #303

83

84 City MIAMI

FL

85 Zip Code 33144

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)

2/4/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEW HEMISPHER TRUST CO	
STREET ADDRESS	SNIPWEG 41	
CITY-ST-ZIP	CARACAO, NETHERLANDS	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	CAUBI, LUIS FERNANDEZ	
STREET ADDRESS	9150 FONTAINEBLEAU BLVD, STE 109	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORTEGA TAIN, JOSE	
STREET ADDRESS	AVENIDA ANDRES BELLO	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CANAL, JOSE FERNANDEZ	
STREET ADDRESS	AVENIDA PRINCIPAL	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASARES, ALBINO	
STREET ADDRESS	AVENIDA LOS ARMANES #31	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MENDEZ-INSUA, ARISTIDES U	
STREET ADDRESS	8300 SW 8TH ST #303	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VALDES-FAULI, RAUL E.
2.3 STREET ADDRESS	2 S. Biscayne Blvd. Suite 3400
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VT/VS/VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, or on an attachment with an address.

SIGNATURE:

Feb 4, 1998 (305)262-2351

CP2E034 (10/97)