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Secretary of State

03-03-1999 90086 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850495

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MELENZ-INSUA, ARISTIDES U
8300 SW 8TH STREET
#303
MIAMI FL 33144

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **NEW HEMISPHER TRUST CO**
STREET ADDRESS **SNIPWEG 41**
CITY-ST-ZIP **CARACAO, NETHERLANDS**

TITLE **AS** ☐ DELETE
NAME **VALDES-FAULI, RAUL E**
STREET ADDRESS **2 S BISCAYNE BLVD, SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☐ DELETE
NAME **ORTEGA TAIN, JOSE**
STREET ADDRESS **AVENIDA ANDRES BELLO**
CITY-ST-ZIP **CARACAS, VENEZUELA 0**

TITLE **SD** ☐ DELETE
NAME **CANAL, JOSE FERNANDEZ**
STREET ADDRESS **AVENIDA PRINCIPAL**
CITY-ST-ZIP **CARACAS, VENEZUELA 0**

TITLE **TD** ☐ DELETE
NAME **CASARES, ALBINO**
STREET ADDRESS **AVENIDA LOS ARMANES #31**
CITY-ST-ZIP **CARACAS, VENEZUELA 0**

TITLE **TSVD** ☐ DELETE
NAME **MELENZ-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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

V/D/AS/AT

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99

Date

(305) 262-2351

Daytime Phone #

CR2E034 (11/98)