

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 # **851973** (8)
1. Corporation Name
INVERSIONES ARCANGEL, S.A.



Principal Place of Business: **% TERESA THORNBURG 7645 S.W. 62ND CT. MIAMI FL 33183**
Mailing Address: **% TERESA THORNBURG 7645 S.W. 62ND CT. MIAMI FL 33155**
155 OCEAN LANE DR. # 103 KEY BISCAYNE, FLA 33149

3. Date Incorporated or Qualified: **02/25/1982**
3a. Date of Last Report: **04/20/1995**
4. FET Number: **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

21. Principal Place of Business: **7645 S.W. 62ND CT. MIAMI FL 33183**
22. State, Apt. #, etc.: **FL 33183**
23. City & State: **MIAMI FL**
24. Zip: **33183** Country: **USA**
25. Country: **USA**
26. Mailing Address: **7645 S.W. 62ND CT. MIAMI FL 33155**
27. State, Apt. #, etc.: **FL 33155**
28. City & State: **MIAMI FL**
29. Zip: **33155** Country: **USA**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**THORNBURG, TERESA
13149 S.W. 95TH AVE.
MIAMI FL**

10. Name and Address of New Registered Agent
81. Name: **TERESA THORNBURG**
82. Street Address (P.O. Box Number is Not Acceptable): **7645 S.W. 62ND CT.**
83. City: **MIAMI** State: **FL** Zip Code: **33149**
84. City: **MIAMI** State: **FL** Zip Code: **33149**

11. Pursuant to the provisions of Sections 607.07(2) and 607.1509, 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 607.07(2), Florida Statutes.
SIGNATURE: *Teresa Thornburg* DATE: **2-22-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLARTE, ALBERTO	
STREET ADDRESS	APARTADO AEREO 53876	
CITY, ST, ZIP	MEDELLIN, COLUMBIA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROCANIZ DE OLARTE, GLORIA	
STREET ADDRESS	APARTADO AEREO 53876	
CITY, ST, ZIP	MEDELLIN, COLUMBIA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OLARTE, GUILLERMO	
STREET ADDRESS	APARTADO AEREO 53876	
CITY, ST, ZIP	MEDELLIN, COLUMBIA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Book 12 or Book 13 if changed, or in attachment with an address.
SIGNATURE: *Alberto Olarte* DATE: **FEBRUARY 15TH, 1996** (305) 669-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALBERTO OLARTE** Digitally signed by Alberto Olarte

CR2E034 (12/95)