

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851973** (8)

1. Corporation Name
INVERSIONES ARCANGEL, S.A.



Principal Place of Business * TERESA THORNBURG 155 OCEAN LANE DR #103 KEY BISCAYNE FL 33149 US	Mailing Address * TERESA THORNBURG 155 OCEAN LANE DR #103 KEY BISCAYNE FL 33149-1459 US
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3. Date Incorporated or Qualified 02/25/1982	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 3641 SW. 54TH AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip Country 24 33143-5848 25 U.S.A.	2a. Mailing Address 26 3641 SW. 54TH AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip Country 29 33143-5848 30 U.S.A.
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNBURG, TERESA
155 OCEAN LANE DR, #103
KEY BISCAYNE FL 33149

81 Name TERESA THORNBURG
82 Street Address (P.O. Box Number is Not Acceptable) 3641 SW. 54TH AVE.
83
84 City MIAMI
85 Zip Code FL 33143-5848

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 *Teresa Thornburg* **TERESA THORNBURG** **27-02-97**
(NOTE: Registered Agent signature required when reinstating) DATE

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 checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLARTE, ANDRES	
2.3 STREET ADDRESS	APARTADO AEREO 53876	
2.4 CITY - ST - ZIP	MEDELLIN, COLUMBIA	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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, upon an attachment with an address.

SIGNATURE: *Alberto Olarte* **ALBERTO OLARTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27-02-97 **305/662-585** **305/361 5378**
94/2669965

CR2E034 (9/96)