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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 852560

(2)

Mailing Address

UNION ANAVLIS INVESTMENTS, S.A.

DE VALLARINO, ENRIQUETA

2000 TOWERSIDE TER #1507

MARTINEZ, SANTIAGO ALVEO

43RD ST.#2-220,GR.FLOOR

PANAMA CITY, PANAMA

MIAM! FL

STD

**FILED** Jan 29 1998 8:00am Secretary of State



2000 TOWERSIDE TERRACE #1507 2000 TOWERSIDE TERRACE MIAMI FL 33138 MIAMI FL 33138				17				
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/13/1982		
	Place of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For	
21		26				65-0028273	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	— ·	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip				untry		8. This corporation owes or has paid the		
24	25	29	30	•		Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
INTRIAGO, CHARLES A.				81	Name			
ONE BISCAYNE TOWER				82	Stroot Ade	dress (P.O. Box Number is Not Acceptable)		
25TH FLOOR				02	Sileet Auc	ness (F.O. Box Number is Not Acceptable)		
MIAM! FL 33131				83				
				84	City	-		
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		CERS AND DIRECTORS	_ 13. DELETE 1.1 Ti	TI 6		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD VALLADINO VANED				[		☐ Change ☐ Addition	
NAME VALLARINO, XAVIER				1.2 NAME				
STREET ADDRESS 2000 TOWERSIDE TER #1507			1.3 ST	STREET ADDRESS				
CITY - ST - ZIP	Miami Fl		1.4 CI	ITY-ST	- ZIP			

2.1 TITLE

22 NAME

3.1 TITLE

3.2 NAME

4. 2 NAME

5.7 TITLE

5.2 NAME

6.1 TITLE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST-ZIP

2. 4 CITY-ST-ZIP

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information symblied 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY - ST - ZIP

CITY - ST - ZIF

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

ATURE REQUIRED

DELETE

DELETE

DELETE

DELETE

DELETE

1000 (205)002-0522

Change

Change

Change

Change

Change

Addition

Addition

Addition

Addition

\_\_\_ Addition