

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 852560

1. Corporation Name

UNION ANAVLIS INVESTMENTS, S.A.

Principal Place of Business

2000 TOWERSIDE TERRACE #1507
MIAMI FL 33138

Mailing Address

2000 TOWERSIDE TERRACE #1507
MIAMI FL 33138

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip Country

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30

9. Name and Address of Current Registered Agent

INTRIAGO, CHARLES A.
ONE BISCAYNE TOWER
25TH FLOOR
MIAMI FL 33131

81 Name

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

83

84 City

FL 85 Zip Code

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, if different, type here

Print Name, Title, Address, City, State, Zip of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

VALLARINO, XAVIER

STREET ADDRESS

2000 TOWERSIDE TER #1507

CITY-STATE-ZIP

MIAMI FL

TITLE

VD

NAME

DE VALLARINO, ENRIQUETA

STREET ADDRESS

2000 TOWERSIDE TER #1507

CITY-STATE-ZIP

MIAMI FL

TITLE

STD

NAME

MARTINEZ, SANTIAGO ALVEO

STREET ADDRESS

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

CITY-STATE-ZIP

PANAMA CITY, PANAMA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(1)(a), 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. 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 in an attachment with an address, with all other law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 17th, 1999

(305)893-8433

99 FEB 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1982

4. FID Number

65-0028273

Apply If or

Not Applicable

5. Certificate of Status Issued

\$8.75 Additional
Fee Required

6. Election, Compromise, Foreclosure

\$5.00 May Be
Added to Fees

7. The corporation pays the current year Intangible

Personal Property Tax

[] Yes [] No

8. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

CR2E034 (1/199)