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0277450

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **853249**

1. Corporation Name
MAKFER ENTERPRISES, S.A. INCORPORATED

Principal Place of Business

**11990 SW 41 DR
MIAMI FL 33175
US**

Mailing Address

**P O BOX 558570
MIAMI FL 33255-8570
US**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip **25** Country

24 **29** **30**

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

**FERRER, JOSE LUIS
11990 SW 41 DR
MIAMI FL 33175**

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 and title, if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE **PD** **X** DELETE

NAME **CAMARANO, PLUTARCO C**
STREET ADDRESS **48 EAST STREET BELLA VISTA SUCRE BLDG**
CITY-STATE-ZIP **PANAMA**

12 TITLE **SD** **X** DELETE

NAME **FERNANDEZ DE GARCIA, ELBA**
STREET ADDRESS **48 EAST STREET BELLA VISTA SUCRE BLDG**
CITY-STATE-ZIP **PANAMA**

13 TITLE **TD** **X** DELETE

NAME **DE LA ROSA, ANGELA J**
STREET ADDRESS **48 EAST STREET BELLA VISTA SUCRE BLDG**
CITY-STATE-ZIP **PANAMA**

14 TITLE **X** DELETE

NAME **X** DELETE

STREET ADDRESS **X** DELETE

CITY-STATE-ZIP **X** DELETE

15 TITLE **X** DELETE

NAME **X** DELETE

STREET ADDRESS **X** DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1982

4. FEI Number

98-0064181

Applied For
Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution **X**

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax **X** Yes **[]** No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL **85** Zip Code

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:

Antonio Samudio Jurado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (507)2642462

CR2E034 (11/98)