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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



DO NOT WRITE IN THIS SPACE

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 Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

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 to print which transmits)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **CAMARANO, PLUTARCO C**
STREET ADDRESS **48 EAST STREET BELLA VISTA SUCRE BLDG**
CITY-ST-ZIP **PANAMA**

TITLE **SD** DELETE
NAME **FERNANDEZ DE GARCIA, ELBA**
STREET ADDRESS **48 EAST STREET BELLA VISTA SUCRE BLDG**
CITY-ST-ZIP **PANAMA**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME **President**

13 STREET ADDRESS **Antonio Samudio Jurado**

14 CITY-ST-ZIP **Samuel Lewis Av., Plaza Obarrio**

21 TITLE **Bldg., Panama, Rep. of Panama**

22 NAME **Secretary** Change Addition

23 STREET ADDRESS **Dalys Donoso**

24 CITY-ST-ZIP **Samuel Lewis Av., Plaza Obarrio**

31 TITLE **Bldg. Panama, Rep. of Panama** Change Addition

32 NAME **Vicepresident/Treasurer**

33 STREET ADDRESS **Sebastián E. Paniza P.**

34 CITY-ST-ZIP **Samuel Lewis Av., Plaza Obarrio**

41 TITLE **Bldg., Panama, Rep. of Panama** Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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- 02/08/98 - 01041 - 02
****169.75 ****169.75
 Change Addition

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)