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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 854878 (6)

VIFERE CORP. N.V.

FILED Feb 10 1998 8:00am Secretary of State

C/O BENITO 8005 SW 170 MIAMI FL 331 2. Principal P 21 Suite, Apt. 22 City & Stat	lace of Business #, etc	Mailing Address C/O BENITO M. IRASTO 8005 SW 170 ST. MIAM! FL 33157 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & Stato	RZA		DO NOT WRITE IN 3. Date Incorporated or Qualified 12/07/1982 4. FEI Number 98-0056155 5. Certificate of Status Desired 6. Election Campaign Financing	THIS SPACE Ap No. \$8.75	oplied For ot Applicable Additional equired	
Zip			Coun	·	Trust Fund Contribution	Added t	to Fees	
24	25	Ζφ 29	30	u y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre		1301		19. Name and Address of New Regist		<u> </u>	
QUESADA, G. FRANK 1313 PONCE LE LEON BLVD SUITE 200 CORAL GABLES FL 33134				Name Street Add City	dress (P.O. Box Number is Not Acceptable)		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, type of protest removed together and together agent and together agent and together agent and together agent agen								
12.		ND DIRECTORS	13.	-:-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	PD IRASTORZA, B. 8005 SW 170 ST. MIAMI FL	☐ DELETE				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRASTORZA, R. 8005 SW 170 ST. MIAMI FL	☐ DELETE	2.1 TITLI 2.2 NAM 2.3 STRE		٠. •	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW HEMISPHERE TRUST (SNIGWEG 41, CURACAO NETHERLANDS ANTILL.	DECETE CO.	3.1 TITU 3.2 NAM 3.3 STRE			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP	The second secon	☐ DELETE	4.1 TITLE 4. 2 NAN	IE ET ADORESS		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	5.1 TITLE 5.2 NAM	E ET ADORESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6 1 TITLE 6 2 NAM 6 3 STRE 6 4 CITY	E ET ADDRESS ST-ZIP		Change	Addition	
14. I hereby c	ertify that the information supplied v	with this filing does not qualify fo	r the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information	

y for the exemplor state in Section 119.07(3)(), Florida Statutes. I further certify that the informatic accurate and that my signature shall have the same legal effect as if made under path; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/2/98 (305)667-3134