
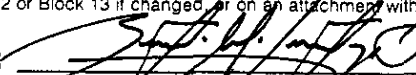


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2 0 0 0		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 854878 1. Corporation Name VIFERE CORP., N. V.			
Principal Place of Business 12460 SW 8th Street #209 Miami, FL 33184		Mailing Address PO BOX 560683 Miami, FL 33256	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3b. Date of Last Report
21	26 PO BOX 560683	12/07/82	1999
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		98-0056155	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	Yes No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
G. FRANK QUESADA, ESQ. 1313 Ponce de Leon Blvd., Ste. 200 Coral Gables, FL 33134		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		4/20/2000	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BENITO IRASTORZA	1.2 NAME	BENITO IRASTORZA
STREET ADDRESS	8005 SW 170 ST.	1.3 STREET ADDRESS	PO BOX 560683
CITY - ST - ZIP	MIAMI, FL	1.4 CITY - ST - ZIP	MIAMI, FL 33256
TITLE	SD	2.1 TITLE	SD
NAME	R. IRASTORZA	2.2 NAME	R. IRASTORZA
STREET ADDRESS	8005 SW 170 ST.	2.3 STREET ADDRESS	PO BOX 560683
CITY - ST - ZIP	MIAMI, FL	2.4 CITY - ST - ZIP	MIAMI, FL 33256
TITLE	D	3.1 TITLE	
NAME	NEW HEMISPHERE TRUST CO.	3.2 NAME	
STREET ADDRESS	SNIGWEG 41, CURACAO	3.3 STREET ADDRESS	
CITY - ST - ZIP	NETHERLAND ANTILLES	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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.			
SIGNATURE: 		BENITO IRASTORZA 4/20/2000 (305) 667-3134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)