

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 854878

1. Entity Name.
VIFERE CORP. N.V.



Principal Place of Business

3805 NW 107 AVE
SUITE 123
MIAMI, FL 33178 US

Mailing Address

P.O. BOX 560683
MIAMI, FL 33256



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0056155

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ.
1313 PONCE LE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IRASTORZA, BENITO
STREET ADDRESS	P.O. BOX 560683
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	SD
NAME	IRASTORZA, R.
STREET ADDRESS	P.O. BOX 560683
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	D
NAME	NEW HEMISPHERE TRUST CO.
STREET ADDRESS	SNIGWEG 41, CURACAO
CITY-ST-ZIP	NETHERLANDS ANTILL.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000013356
01/26/04-80050-013 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/04 (305) 562-7086