FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

5.1.95 B.43340

APPROVED AND FILED
95 MAY -1 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855088 (1)

1. Corporation Name

FAG INTERAMERICANA A.G., INC.

Principal Place of Business
8175 N.W. 12 ST.
SUITE #110
MIAMI FL 33126-1826

Mailing Address
8175 N.W. 12 ST.
SUITE #110
MIAMI FL 33126-1826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or (qualified): 12/23/1982
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2247941 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.052 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	13. Additions/Changes to Officers and Directors	Change/Addition
Title	~~D~~	DELETE	[X] Change
Name	~~POESL, WOLFGANG~~		
Street Address	~~8175 N.W. 12TH ST~~		
City-St-Zip	~~MIAMI FL~~		
Title	S		[X] Change
Name	LUTRINGER, RICHARD E		
Street Address	522 FIFTH AVE	2 OWENOKE PARK	
City-St-Zip	NEW YORK, NY 00000	WESTPORT, CT. 06880	
Title	~~P~~D	D	[X] Change
Name	SCHWARZ, WALTER		
Street Address	SPTATZWEG, STRASSE	SPITZWEG-STRASSE 8	
City-St-Zip	GOCHSHEAM GE	97469 GOCHSHEIM, GERMANY	
Title	~~X~~PD	PD	[X] Change
Name	OLIVO, DIETER		
Street Address	BOSQUE DEANTEQUERA 113 COLONIA BOSQUE	BOSQUE DE ANTEQUERA 113 COLANIA BOSQUE	
City-St-Zip	EDO ME	LA HERRADURA, MEXICO 52760	
Title	~~VPF~~	VPT (V.P. FINANCE + TREASURER)	[X] Addition
Name	~~GINO DI TOMASO~~	GINO DITOMASO	
Street Address		271 SHELTER ROCK ROAD	
City-St-Zip		STAMFORD, CT. 06903	
Title			[ ] Change [ ] Addition
Name			
Street Address			
City-St-Zip			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] V.P. FINANCE + TREASURER 4-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123437 CP