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

DOCUMENT #

(4)

FILED Apr 24 1998 8:00am Secretary of State

NDARSA", S.A.									
Principal Plac	e of Business	Mailing Address				- 1984-81 401-81 8114-8 8141-9 8111-6 1841-8 1841-8 8181-1 8181-1	ALBAN MINIS KIN	113 868 1) 1 84 1	
TES "INDARSA", S.A. % 2588 S.W. 27TH AVE.		TES "INDARSA", S.A.							
		% 2588 S.W. 27TH AVE				DO NOT WRITE IN THIS SPACE			
MIAMI FL 331	33	MIAMI FL 33133				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						06/08/1983			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	A	Applied For	
21		26				NOT APPLICABLE	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27				g. Commode of States Bestied	Fee P	Required	
City & Stat	е	City & State				6. Election Campaign Financing) May Be	
Zip	The Country of the Co	28				Trust Fund Contribution		to Fees	
<u> </u>	Country	Zip		ппу		8. This corporation owes or has paid the curr			
24	25 25 Name and Address of Current	29 Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered A		™ No	
AAN	/AR, RAMON	- Good of Agent		81	Name	IV. Italia and Addiebe of Noti Hagistored A	·you		
	38 S.W. 27TH AVE.								
	VMI FL 33133			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
teth	4mi 1 E 00 100		i	83					
				84	City	FI	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligati	f Florida. Such change was	s authorized	d by	the corporation	pration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing ointment as	its registered s registered	
SIGNATURE									
	Signature, typed or printed name of registered agent			i Age	nt signature require:				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	DELETE	1.1 10				L. Change	☐ Addition	
NAME	PEREZ MIJARES, OSCAR EDIFICIO PULMOBRONK ESQ		1.2 NA						
STREET ADDRESS	CARACAS, VENEZUELA				ADDRESS				
CITY-ST-ZIP TITLE	U V V V V V V V V V V V V V V V V V V V	DELETE	1.4 CF 2.1 TF		1- ZIP		Change	Addition	
NAME	DE PEREZ, ANA	C DECEM	2.1 III				T Anguite		
STREET ADDRESS	EDIFICIO PULMOBRONK ESQ				ADDRESS				
CITY-ST-ZIP	CARACAS, VENEZUELA		2.4 CI						
TITLE	SD SD	☐ DELETE	31 77		01-217		Change	Addition	
NAME	ÇONDE-BARROZZI, JUAN	<u> </u>	3 2 NA						
STREET ADDRESS	EDIFICIO PULMOBRONK ESQ				ADDRESS				
CITY-ST-ZIP	CARACAS, VENEZUELA		3.4. C					ĺ	
TITLE		DELETE	4.1 TIT				☐ Change	Addition	
NAME			4. 2 N/	AME			-		
STREET ADDRESS					ADDRESS			f	
CITY-ST-ZIP			4.4 CIT	[Y-S]	T- ZIP			ži.	
TITLE		☐ DELET e	5.1 T(T	_			Change	Additio 🛊	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET.	ADDRESS			.5	
CITY-ST-ZIP			5.4 CI1	Y-S1	1 - ZIP			j	
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addil	
NAME			6.2 NA	ME	1			÷	
STREET ADDRESS			6.3 ST	REET	ADDRESS			4	
CITY-ST-ZIP			6.4 CH						
14. I hereby c	certify that the information supplied with	this filing does not qualify	for the exe	mpt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further cer	tily that the	e informat.	

Indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar officer or director of the corporation or the receiver or instee 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 application of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of t