FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 24 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857453

1. Corporation Name

Charlottesville Finance S.A., Inc.

Principal Place of Business	Mailing Address
200 S.E. First Street Miami, FL 33131	200 S.E. First Street Miami, FL 33131

200001418042
-03/01/95--01006--021
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8/18/83
3a. Date of Last Report: 2/10/94

2. Principal Place of Business
21 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
22 #4800
City & State
23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 200 S. Biscayne Blvd.
Suite, Apt. #, etc.
27 #4800
City & State
28 Miami, FL
Zip 29 33131 Country 30 USA

4. FEI Number: 59-2809285 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S.E. First Street (12th FL)
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. (#4800)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D/P
NAME	Espino, Pablo J.
STREET ADDRESS	Via Esapna & Calle Colo.
CITY-ST-ZIP	Edificio Rep., Panama
TITLE	D/S
NAME	De Esttibi, Adelina M.
STREET ADDRESS	Via Espana & Calle Colo
CITY-ST-ZIP	Edificio Rep. Panama
TITLE	D/T
NAME	Biggs, Aida May
STREET ADDRESS	Via Eapana & Calle Colo
CITY-ST-ZIP	Edificio Rep., Panama
TITLE	PA
NAME	Ortega, Isac A.
STREET ADDRESS	7000 SW 178th Terrace
CITY-ST-ZIP	Miami, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Isac A. Ortega 1 SAAC A. ORTEGA 2-14-95 305-233-6513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #