

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 22 1996 8:00 am
Secretary of State

DOCUMENT # 858283 (5)

1. Corporation Name

CAESUVEST N.V. INCORPORATED

Principal Place of Business

Mailing Address

% ALBERT D QUENTEL
1221 BRICKELL AVE
MIAMI FL 33131

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1221 BRICKELL AVE
MIAMI FL 33131



000001834570

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1983		3a. Date of Last Report 03/24/1995	
21		26		4. FEI Number 98-0040141		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

QUENTEL, ALBERT D.
1221 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORPORATE AGENTS, N.V.	1.2 NAME	
STREET ADDRESS	3 L.B. SMITHPLEIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO, NETH. ANTILLES	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ R., GUILLERMO	2.2 NAME	
STREET ADDRESS	MULTICENTRO EMPRESARIAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	MD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ RODRIGUEZ, GUILLERMO	3.2 NAME	
STREET ADDRESS	MULTICENTRO EMPRESARIAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

may 9/96 (305) 223.3731

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 962354 4303929

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 225.00

ORDER DATE : May 22, 1996

ORDER TIME : 9:11 AM

ORDER NO. : 962354

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: CAESUVEST N.V. INCORPORATED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Donna Kendrick

EXAMINER'S INITIALS: _____

RECEIVED
96 MAY 22 AM 9:07
DIVISION OF REGISTRATION