FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: 🛚



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 27 1998 8:00am

Secretary of State

DOCUMENT # F9300000279 (0)
1. Corporation Name

CIRPIN HOLDING S.A. (INC)

Principal Place	of Business	Mailing Address			BANA QURAN ANQUA NGUA NGUA NGUA	
A.Y.L.N.E. 989		A.V.L.N.E. 989				
P.O. BOX 02-8537		P.O. BOX 02-8537		DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33102		MIAMI FL 33102		3. Date Incorporated or Qualified		
					01/21/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		98-0133570	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	28	Coun	trv	Trust Fund Contribution 8. This corporation owes or has paid the	
24	25 29 30		· · · ·	.,	Personal Property Tax due June 30.	Yes No
241	9. Name and Address of Curren		1001		10. Name and Address of New Registers	
PERLESS, ROBERT N 81 Name						
8370 W FLAGLER STREET, SUITE 125			-	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
	MI FL 33144					
			[1	33		
			ļ.	14 City		85 Zip Code
44 6	40.00	0	16			L es zipocoe
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.						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed ricine of registered ages	(NOT	F Registered	Anent signature re	equired when reinstating) DATE	F
12.	OFFICERS AND		13.	agosa signatara te	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ALFARO, HORACIO F		1.2 NAME			
STREET ADDRESS	P O BOX 861 N/A		1.3 STR	EET ADDRESS		
CITY - ST - ZIP	VALENCIA, VENEZUELA		1.4 CH	-ST-ZIP		
TITLE	\$	☐ DELETE	2.1 T\TL	E		Change Addition
NAME	MORENO, RODRIGO A		2.2 NAN			
STREET ADDRESS	P O BOX 861 N/A			EET ADDRESS		
CITY-ST-ZIP	VALENCIA, VENEZUELA			Y-ST-ZIP		Change Addition
TITLE	i Tejada, alfredo r		3.1 TITL 3.2 NAM			C comité C végitén
NAME Street address	P O BOX 861 N/A			eet address		
CITY-SI-ZIP	VALENCIA, VENEZUELA			Y-ST-ZIP		
TITLE	M	DELETE	4.1 T(T)			Change Addition
NAME	SALVATRICHE, GARCIA		4. 2 NA			-
STREET ADDRESS	P.O. BOX 861 N/A		4.3 STREET ADDRESS			
CITY-ST-ZIP	VALENCIA, VENEZUELA		4.4 CIT	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM	re l		1
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	(-ST-ZIP		
TITLE		☐ DELETE	61 TITL	E		☐ Change ☐ Addition
NAME			62 NA	1E		ļ
STREET ADDRESS			6.3 STR	EET ADDRESS		

14. Thereby 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 annual report or supplemental arrainal 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 13 if changed, or on an affactment with an address.