

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90021 032 ***150.00

DOCUMENT # **F94000000480**

1. Corporation Name
ANCLA INVESTMENTS, S.A.

Principal Place of Business
**2 S. BISCAYNE BLVD
SUITE 3301. ONE BISCAYNE TOWER
MIAMI FL 33131-1897**

Mailing Address
**2 S. BISCAYNE BLVD
SUITE 3301. ONE BISCAYNE TOWER
MIAMI FL 33131-1897**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1994	
4. FEI Number 13-3500335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**VASQUEZ-BELLO, CLEMENTE
2 S. BISCAYNE BLVD
SUITE 3400
MIAMI FL 33131-1897**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES PARDO, D. ANDRES	1.2 NAME	Berwart, Jacques
STREET ADDRESS	2 S. BISCAYNE BLVD, SUITE 3301	1.3 STREET ADDRESS	13 Rue De Cologne
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	B-4020 Jupille Belgium
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINUEVO ORVE, RODOLFO	2.2 NAME	Gil Vera Juan Pedro
STREET ADDRESS	2 S. BISCAYNE BLVD, SUITE 3301	2.3 STREET ADDRESS	Calle Sirio 54
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Madrid Spain
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAR ZAVALA, D. GERVASIO	3.2 NAME	Bastida, Luis Javier
STREET ADDRESS	2 S. BISCAYNE BLVD, SUITE 3301	3.3 STREET ADDRESS	Carretera de la Galea 5
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Guecho (Vizcaya) Spain
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby 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 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, with all other like empowered.

SIGNATURE:

Jacques BERWART, Director

24.02.99

(305) 376-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0186957

CR2E034 (11/98)