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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003338 (0)

1. Corporation Name
INVERSIONES P.S.A., S.A.

Principal Place of Business	Mailing Address
C/O ISABEL LARDIZABAL 10411 S.W. 108TH AVENUE. APT. D-250 MIAMI FL 33176	C/O ISABEL LARDIZABAL 10411 S.W. 108TH AVENUE. APT. D-250 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 98-0077869 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARDIZABAL, ISABEL
10411 S.W. 108TH AVENUE, APT. D-250
MIAMI FL 33176

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, PABLO A	1.2 NAME	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	1.3 STREET ADDRESS	
CITY-ST-ZIP	OFICINA 4B CHUAO, CARACAS	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ARIAS, CARLOS A	2.2 NAME	
STREET ADDRESS	CALLE ELVIRA MENDEZ NO. 10	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA 5, REP. OF PANAMA	2.4 CITY-ST-ZIP	
TITLE	VCS	3.1 TITLE	☐ Change ☐ Addition
NAME	UZCATEQUI, SERGIO D	3.2 NAME	
STREET ADDRESS	CCCT PRIMERA ETAPA 4TO. PISO	3.3 STREET ADDRESS	
CITY-ST-ZIP	OFICINA 4B, CHUAO, CARACAS	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MELASECCA, PIERRE L	4.2 NAME	
STREET ADDRESS	APARTADO POSTAL 51817	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1050 A VENEZUALA N/A	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROTACO, PIERRE L	5.2 NAME	
STREET ADDRESS	APARTADO POSTAL 51817	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1050 A VENEZUALA N/A	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ANGEL N	6.2 NAME	
STREET ADDRESS	CALLE ELVIRA MENDEZ NO. 10	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA 5, REP. DE PANAMA	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] 3/1/95 (305) 598-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B069 CP