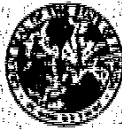


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

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

Mailing Address

**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

4. FEI Number

98-0077869

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC**
NAME **DIAZ, PABLO A**
STREET ADDRESS **CCCT PRIMERA ETAPA, 4TO. PISO**
CITY - ST - ZIP **OFICINA 4B CHUAO, CARACAS**

TITLE **V**
NAME **ARIAS, CARLOS A**
STREET ADDRESS **CALLE ELVIRA MENDEZ NO. 10**
CITY - ST - ZIP **PANAMA 5, REP. OF PANAMA**

TITLE **VCS**
NAME **UZCATEQUI, SERGIO D**
STREET ADDRESS **CCCT PRIMERA ETAPA 4TO. PISO**
CITY - ST - ZIP **OFICINA 4B, CHUAO, CARACAS**

TITLE **T**
NAME **MELASECCA, PIERRE L**
STREET ADDRESS **APARTADO POSTAL 51817**
CITY - ST - ZIP **CARACAS 1050 A VENEZUELA N/A**

TITLE **D**
NAME **ROTACO, PIERRE L**
STREET ADDRESS **APARTADO POSTAL 51817**
CITY - ST - ZIP **CARACAS 1050 A VENEZUELA N/A**

TITLE **AS**
NAME **PEREZ, ANGEL N**
STREET ADDRESS **CALLE ELVIRA MENDEZ NO. 10**
CITY - ST - ZIP **PANAMA 5, REP. DE PANAMA**

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)(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

3/1/95

Date

(805) 598-7324

Daytime Phone