SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business 21 12123 SW 131 Ave	2a. Mailing Address 26 12123 SW 131 Ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Miami, FL	City & State 28 Miami FL
Zip / Country 24 33186 / 25 US	Zip / Country 29 33186 / 30 US

3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 07/19/1995
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	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PC	☐ DELETE
NAME	DIAZ, PABLO A	
STREET ADDRESS	CCCT PRIMERA ETAPA, 4TO. PISO	
CITY-ST-ZIP	OFICINA 4B CHUAO, CARACAS	
TITLE	V	☐ DELETE
NAME	ARIAS, CARLOS A	
STREET ADDRESS	CALLE ELVIRA MENDEZ NO. 10	
CITY-ST-ZIP	PANAMA 5, REP. OF PANAMA	
TITLE	VCS	☐ DELETE
NAME	UZCATEQUI, SERGIO D	
STREET ADDRESS	CCCT PRIMERA ETAPA 4TO. PISO	
CITY-ST-ZIP	OFICINA 4B, CHUAO, CARACAS	
TITLE	T	☐ DELETE
NAME	MELASECCA, PIERRE L	
STREET ADDRESS	APARTADO POSTAL 51817	
CITY-ST-ZIP	CARACAS 1050 A VENEZUALA N/A	
TITLE	D	☐ DELETE
NAME	ROTACO, PIERRE L	
STREET ADDRESS	APARTADO POSTAL 51817	
CITY-ST-ZIP	CARACAS 1050 A VENEZUALA N/A	
TITLE	AS	☐ DELETE
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isabel Lardizabal 7/6/96 (305)254-9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0065186 CP