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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003338 (0)

INVERSIONES P.S.A., S.A.

<u></u>			·			
Principal Place	e of Business	Mailing Address			I 1881188 (III LIIII EISIL HAIRL BAIN BAI	te maitt Affika stehs stina tital (St) (sas
1213 SW 131 10411 S.W. 10 MIAMI FL 3316	8TH AVENUE, APT. D-250	12123 SW 131 AVE Miami FL 33186-6474 US				
US					3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 07/12/1996
· ·	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			98-0077869	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr	This desperation has trabinly for that gibb tax and of a. 103.000.		
24	25 29 30		30	Florida Statutes Yes 🔀 No		
<u> </u>	9. Name and Address of Curre	nt Registered Agent	8	(T.Non-	10. Name and Address of New Re	gistered Agent
	DIZABAL, ISABEL		8	1 Name		
10411 S.W. 108TH AVENUE, APT. D-250			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)
į Mia	MI FL 33176		8:	ļ		
			6.	1		
			84	1 7		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu c of Horida, Such change was	ites, the above	ve-named corp	poration submits this statement for the patien's board of directors. I hereby accept	ourpose of changing its registered
agent. I a	m tamiliar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Statuto	os es	don's beard of directors. Thereby deedly	of the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered at	ierc and stell applicable (NO ND DIRECTORS		gont signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	PC OFFICIAS AN	DELETE	13.	·	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DIAZ, PABLO A	L_J (Attitue	4			Unange Addition
]	CCCT PRIMERA ETAPA, 4TO.	DISO	1.2 NAME			
STREET ADDRESS	OFICINA 4B CHUAO, CARAC			TI ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2.1 THLE	S1-70°		Change Addition
NAME	ARIAS, CARLOS A		2.1 NAME			
STREET ADDRESS	CALLE ELVIRA MENDEZ NO. 10		4	T ADDRESS		
CITY-ST-ZIP	PANAMA 5, REP. OF PANAM		2.4 CITY			
TITLE	VCS	DELETE	3.1 TITU	731.71		Change Addition
NAME	UZCATEQUI, SERGIO D		3.2 NAME			
STREET ADDRESS	CCCT PRIMERA ETAPA 4TO.	PISO		1 ADDRESS		
CITY-ST-ZIP	OFICINA 4B, CHUAO, CARAC		3.4. CITY			
TITLE	T	☐ DELETE	4.1 1ITLE			Change Addition
NAME	MELASECCA, PIERRE L		4. 2 NAM	<u> </u>		
STREET ADDRESS	APARTADO POSTAL 51817		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	CARACAS 1050 A VENEZUAL	.A N/A	4.4 CHY-	1		
TITLE	D	DELETE	5.1 11/6			Change Addition
NAME	ROTACO, PIERRE L		5.2 NAME			
STREET ADDRESS	APARTADO POSTAL 51817		5.3 STREE	1 ADDRESS		
CITY-ST-ZIP	CARACAS 1050 A VENEZUAL		5.4 City-	SI - ZIP		
TITLE	AS	☐ DELETE	61 TITL€		The state of the s	Change Addition
NAME	PEREZ, ANGEL N		6.2 NAME			
STREET ADDRESS	CALLE ELVIRA MENDEZ NO.		6.3 STREE	1 ADDRESS		
CITY-ST-ZIP	PANAMA 5, REP. DE PANAMA	A	6.4 C(1Y-	S7-7IP		·

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 of planged, or on an attachment with an address.