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FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1213 SW 131 AVE  
10411 S.W. 108TH AVENUE, APT. D-250  
MIAMI FL 33186  
US

12123 SW 131 AVE  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1994

4. FEI Number

98-0077869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 12123 SW 131 Ave

Suite, Apt. #, etc.

22 City & State

Miami, FL

23 Zip

33186

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

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

Lardizabal, Alfredo A.

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

12123 SW 131 Avenue

83

84 City

Miami

FL

85 Zip Code

33186

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

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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 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.

SIGNATURE

CR2E034 (10/97)