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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000003141 (7)**

1. Corporation Name
INVERWORLD SECURITIES, INC.

Principal Place of Business
**1250 N.E. LOOP 410, STE. 1030
SAN ANTONIO TX 78209**

Mailing Address
**1250 N.E. LOOP 410, STE. 1030
SAN ANTONIO TX 78209-1561**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1995		3a. Date of Last Report 04/16/1996	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 13-3404423		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**NARCISO, ENRIQUE
601 BRICKELL KEY DRIVE, STE. 802
MIAMI FL 33131**

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, GEORGE	1.2 NAME	
STREET ADDRESS	1250 N.E. LOOP 410, SUITE 1030	1.3 STREET ADDRESS	
CITY- ST- ZIP	SAN ANTONIO TX 78209	1.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGH, LIONEL	2.2 NAME	Hermann von Bertrab
STREET ADDRESS	1250 N.E. LOOP 410, SUITE 1030	2.3 STREET ADDRESS	1250 NE Loop 410, Ste 1030
CITY- ST- ZIP	SAN ANTONIO TX 78209	2.4 CITY- ST- ZIP	San Antonio, TX 78209
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, TYLER K.	3.2 NAME	
STREET ADDRESS	1250 NE LOOP 410, #1030	3.3 STREET ADDRESS	
CITY- ST- ZIP	SAN ANTONIO TX	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSE P. ZOLLIN	4.2 NAME	
STREET ADDRESS	1250 N.E. LOOP 410, SUITE 1030	4.3 STREET ADDRESS	
CITY- ST- ZIP	SAN ANTONIO TX	4.4 CITY- ST- ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, PAULINA SALAZA	5.2 NAME	
STREET ADDRESS	1250 NE LOOP 410, #1030	5.3 STREET ADDRESS	
CITY- ST- ZIP	SAN ANTONIO TX	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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. 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: **4-14-97** **821-5081 x372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)