

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000003854

1. Corporation Name
JUVIROGA S.A.

Principal Place of Business: Calle 61 #32, Urb. Obarrio, P.O. Box 532, Panama 1, Panama
Mailing Address: Calle 61 #32, Urb. Obarrio, P.O. Box 532, Panama 1, Panama

3. Date Incorporated or Qualified: 8/9/95
3a. Date of Last Report
4. FEI Number: 98-0057870
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 P.O. Box 532, Suite, Apt #, etc. 22 Panama 1, Panama
2a. Mailing Address: 26 P.O. Box 532, Suite, Apt #, etc. 27 Panama 1, Panama
24 Zip: 25 PANAMA
29 Country: 30 PANAMA

9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES INC.
2 Biscayne Blvd., Ste. 3400
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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	Icaza, Graciela	
STREET ADDRESS	Calle 61 #32, Urb. Obarrio	
CITY - ST - ZIP	Panama 1, Panama	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	Icaza, Roy Eduardo	
STREET ADDRESS	Calle 61 #32, Urb. Obarrio	
CITY - ST - ZIP	Panama 1, Panama	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Icaza, Juan Carlos	
STREET ADDRESS	Calle 61 #32, Urb. Obarrio	
CITY - ST - ZIP	Panama 1, Panama	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Icaza de Salazar, Vivian	
STREET ADDRESS	Calle 61 #32, Urb. Obarrio	
CITY - ST - ZIP	Panama 1, Panama	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Icaza, Graciela	
13 STREET ADDRESS	Calle 61 #32, Urb. Obarrio, Box 532	
14 CITY - ST - ZIP	Panama 1, Panama	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Icaza, Roy Eduardo	
23 STREET ADDRESS	Calle 61 #32, Urb. Obarrio, Box 532	
24 CITY - ST - ZIP	Panama 1, Panama	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	700001869617	
54 CITY - ST - ZIP	-06/20/96--01054--005	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Graciela Icaza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GRACIELA ICZA
Date: 6/19/96
Daytime Phone #

CR2F034 (12/95)