

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

FILED  
May 15 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 # F97000006036 (4)

1. Corporation Name  
IBERCONDOR, S.A.



Principal Place of Business Mailing Address  
% VICTORIA MARABOTTO % VICTORIA MARABOTTO  
999 PONCE DE LEON BLVD. SUITE 1015 999 PONCE DE LEON BLVD. SUITE 1015  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/14/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		98-0179288	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URDANETA, JUAN VICENTE  
CONCEPCION, SEXTON & URDANETA  
999 PONCE DE LEON BLVD, SUITE 1015  
CORAL GABLES FL 33134

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	CV <input type="checkbox"/> DELETE	1.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EL REZ, WAEI	1.2 NAME	OSCAR LOPEZ
STREET ADDRESS	C/ JOSELITO NO 18	1.3 STREET ADDRESS	9375 FOUNTAINBLEU BLVD., #212
CITY-ST-ZIP	MADRID, SPAIN	1.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ MATRAN, ANTONIO	2.2 NAME	
STREET ADDRESS	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ANTONIO	3.2 NAME	
STREET ADDRESS	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ GOITIA, JUAN FRANCISCO	4.2 NAME	
STREET ADDRESS	C/PLAYA DE ASTILLEROS NO 18	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPAIN	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JAVIER	5.2 NAME	
STREET ADDRESS	AVENIDA SAN LUIS 166 3EROC, 28033	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	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 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

4/29/98

CR2E034 (10/97)