2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# F97000006036

Entity Name: IBERCONDOR, S.A.

Current Principal Place of Business:

IBERCONDOR S.A. MIAMI AGENCY
8566 NW 61ST ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

IBERCONDOR S.A. MIAMI AGENCY
8566 NW 61ST ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 98-0179288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SETCHEN, JASON A ESQ
999 PONCE DE LEON
SUITE 605
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CV	( ) Delete
Name:	EL REZ, WAEL	
Address:	C/ JOSELITO NO 18	
City-St-Zip:	MADRID, SPAIN,	
Title:	VC	( ) Delete
Name:	LOPEZ MATRAN, ANTONIO	
Address:	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	
City-St-Zip:	MADRID, SPAIN,	
Title:	P	( ) Delete
Name:	LOPEZ, ANTONIO	
Address:	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	
City-St-Zip:	MADRID, SPAIN,	
Title:	SD	( ) Delete
Name:	MARQUEZ GOITIA, JUAN FRANCISCO	
Address:	C/PLAYA DE ASTILLEROS NO 16	
City-St-Zip:	SPAIN,	
Title:	T	( ) Delete
Name:	PEREZ, JAVIER	
Address:	AVENIDA SAN LUIS 166 3EROC, 28033	
City-St-Zip:	MADRID, SPAIN,	
Title:	M	( ) Delete
Name:	VALDES, MONICA	
Address:	15242 S.W. 27 STREET	
City-St-Zip:	MIAMI, FL 33185	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALDES MONICA M 02/02/2005

Electronic Signature of Signing Officer or Director — Date