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

CORPORATION ANNUAL REPORT



FLOR/DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	1996	DIVISION OF	CORPORATIONS		
DOCUN 1. Corporation	MENT # <b>J9722</b>	.7 (9)			
·	CIERA BELEN, S.A. CORP	ODATION			
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Principal Place	of Business	Mailing Address			001 01631 04011 01011 01011 01641 01011 (001
340 MADEIRA	AVE., APT. 2	340 MADEIRA AVE., AP	PT. 2		
CORAL GABL		CORAL GABLES FL 331			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/14/1987	02/22/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		[26]		NOT APPLICABLE	Not Applicable
22 Suite, Apr. 7	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zμ	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
4	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
7ADATA	WILLIAM				
Zapata, William 340 madeira ave., apt. 2			82 Street Ad	tdress (P.O. Box Number is Not Acceptabl	e);
	GABLES FL 33134		83		
ODIAT (			94 04		
COIVIL			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	22 and 607-1508, Florida Statute	es, the above named corr	poration submits this statement for the purp	ose of changing its registered office
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statute rida. Such change was authorize ction 607.0505, Florida Statutes.	es, the above named corr	poration submits this statement for the purporard of directors. Thereby accept the appo	ose of changing its registered office
11. Pursuant to or registere familiar wit SIGNATURE	o the provisions of Sections 607.050 Id agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authorize ction 607,0505, Florida Statutes.	es, the above named corp ed by the corporation's bo	pard of directors. Thereby accept the appo	Jose of changing its registered office intrnent as registered agent. I am
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

477-2646 Dayling Phone #