PROFIT CORPORATION

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris ANNUAL REPORT Secretary of State

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90093 039 ***150.00

DOCUMENT # K41761						
INVERSIONES B.M. LTDA. (US) HOLDINGS, INC.						
•						
Principal Place of Business Mailing Address					T LOCKIONS OIL GOODS LIGHT LOCKE CITCH THEN OVER BURN BURN BURN BURN BURN BURN BURN BUR	
5460 REESE RD. 5460 REESE RD.						
DAVIE FL 33314 DAVIE FL 33314						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
On Malling Address						10/28/1988 4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address 26						65-0520824 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22						Fee Required
City & State City & State 23 28			·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Coun			8. This corporation owes the current year Intangible
24	25	<u> </u>	30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
DE BRIGARD, RICARDO						
5460 REESE RD				82 Street Addi		dress (P.O. Box Number is Not Acceptable)
DAVIE FL 33314				83		
•				84	City	85 Zip Code
·					•	FL
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	t signature requir	red when reinstating) DATE
12.	7,7					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P □ DELETE . 1.1		1.1 Tf	ΠE		☐ Change ☐ Addition
NAME	DE BRIGARD, JULIO			1.2 NAME		
STREET ADDRESS CRA 10 NO. 27-27 OF 1003-1004				1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	EDIFICIO BACHUE BOGOTA, COLO T DELETE			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	DE BRIGARD, RICARDO		2.2 NA	2.2 NAME		
STREET ADDRESS 5460 REESE RD.			2.3 ST	2.3 STREET ADDRESS		
CITY ST ZIP DAVIE FL			~~~~	2:4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VP DELETE			3.1 TITLE 3.2 NAME		· □ Criange □ Modition
NAME STREET ADDRESS	DEL BRIGARD, ALEJANDRO RESS 5460 ST RD 84 REESE RD			3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	DAVIE FL		3.4. C			
TITLE	<u>VATIL 1 L</u>	☐ DELETE	4.1 ∜∏	_		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP		☐ DELETE	4.4 CF 5.1 TF	TY-ST	-ZIP	☐ Change ☐ Addition
TITLE NAME		□ pere is	5.1 III			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST	ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS	•		1		ADDRESS	•
CITY-ST-ZIP			6.4 CI	TY-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 rustee 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, with all other like empowered.

SIGNATURE: