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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90157 007 ***150.00

DOCUMENT # L19609

BIV INVESTMENTS AND MANAGEMENT, INC.

Principal Place	e of Business	Mailing Address				1 paging of the later and a second					
1101 BRICKELL AVE		1101 BRICKELL AVE									
STE 701		STE 701	• - •			DO NOT WRITE IN THE	ed v c	Е			
MIAMI FL 33131			MIAMI FL 33131				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed					
						09/29/1989	$\overline{}$	T			
	ace of Business	2a. Mailing Address				4. FEI Number	ļ-	, ,	ied For		
21		26				65-0145363	Not Applicable \$8.75 Additional				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required					
22		27									
City & S:ate		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23		Zip Country				Trust Fund Contribution			rees		
Zip	Country	Zip	¬ - ' '			8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax					
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered A					
	9. Name and Address of Curren	t Registered Agent		81	Name		tgent				
COM	CEDCIONI SEYTON R			"	IVAILLE						
CONCEPCION, SEXTON B				82	Street	Address (P.O. Box Number is Not Acceptable)					
999 PONCE DE LEON BLVD, STE 1015 MIAMI FL 33134											
MHAN	11 FL 33134			83							
				84	City		85	Zip C	ode		
					,	<u> </u>					
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	u es, the a	bove	-named	d corporation submits this statement for the purpose of coretion's board of cirectors. I hereby accept the appoin	changi Iment	ing its i	registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, F	Torida Stat	u by utes.	uie corp	Solation's board of cirectors, Thereby accept the appoin	ano.	00 /0g	, 0.0.00		
SIGNATURE									l		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	Ti:: Registere	d Agen	t signature	required when reinstating) DATE					
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	P	☐ DELETÉ	1.1 F	TLE			По	nange	☐ Addition		
NAME	PENA, RAFAEL		. 1.2 N	1.2 NAME							
STREET ADDRE 3S	BANCO INDUSTRIAL DE VENE	ZUELA	IELA 1.3 STREET ADD		ADDRESS						
CITY-ST-ZIP	CARACAS VE		1.4 C	1.4 CITY-ST-ZIP							
TITLE	V	☐ DELETE					☐ C	nange	☐ Addition		
NAME	RODRIGUEZ, MARCOS			2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS		3					
CITY-ST-ZIP	CARACAS VE		2 4 0	CITY-S	T-ZIP						
TITLE	S	☐ DELETE	31T					hange	Addition		
NAME	- I		32 N	3 2 NAME							
STREET ADDRESS	1101 BRICKELL AVE. SUITE 70	01	3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL	• •		CITY-S							
TITLE	D	X DELETE	4.1 T		1 - 21			hange	Addition		
NAME	MATOS DE SAAD, ESPERANZ	· · · · · · · · · · · · · · · · · · ·		4. 2 NAME							
				4.3 STREET ADDRESS							
STREET ADDRE 3S	1101 BRICKELL AVE, STE 701 DELETE			4.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	☐ DELETE	440		1-287	 	FIC	hange	Addition		
!				5.1 TITLE 5.2 NAME			X		_		
NAME	MANZO, ANTONIO	THE A			ADDRESS						
STREET ADDRE 3S	BANCO INDUSTRIAL DE VENE	ZUELA									
CITY-ST-ZIP	GARAGA VE	□ DELETE		ITY-SI	1-212	CARACAS_VE	ПС	hange	Addition		
TITLE	☐ DELETE			6.1 TITLE 6.2 NAME			الالا	ange			
NAME			6.2 N	IAME							

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 input 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 corpora ion or the legenter or trustee impowered 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 action ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NAME OF SIGNING OFFICE ? OR DIRECTOR

Rafael Pena, President