

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

00 JAN 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **W196009**

1. Corporation Name

BIV Investments & Management, Inc.

Principal Place of Business

1101 Brickell Avenue
Suite 701

Miami, FL 33131

Mailing Address

1101 Brickell Avenue
Suite 701

Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1989

4. FEI Number

65-0145363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Concepcion Sexton B.
999 Ponce de Leon Blvd., Suite 1015
Attn: Juan Vicente Urdaneta
Miami, FL 33134

10. Name and Address of New Registered Agent

81 Name **NRAI Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
83
84 City **Tallahassee** **FL** 85 Zip Code **32301**

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 **Anthony J. Alexander, Asst. Secretary** 12/17/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Peña, Rafael	
STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Rodriguez, Marcos	
STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Manzo, Antonio	
STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Barros-Llobell, Silvina	
STREET ADDRESS	1101 Brickell Avenue, Suite 701	
CITY-ST-ZIP	Miami, FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alvarez Paz, Fernando	
1.3 STREET ADDRESS	Banco Industrial de Venezuela	
1.4 CITY-ST-ZIP	Caracas, VE	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	de las Mercedes Delgado, María	
3.3 STREET ADDRESS	Banco Industrial de Venezuela	
3.4 CITY-ST-ZIP	Caracas, VE	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elias Torres, José	
4.3 STREET ADDRESS	Banco Industrial de Venezuela	
4.4 CITY-ST-ZIP	Caracas, VE	
5.1 TITLE	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gamboa, Jorge	
5.3 STREET ADDRESS	Banco Industrial de Venezuela	
5.4 CITY-ST-ZIP	Caracas, VE	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

KE

SIGNATURE: **JAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)