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95 MAY 23 PM 2: 08

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # P09925 (9)**
C.A. DE INVERSIONES COMERCIALES, INCORPORATED
& VIMONDA, INC.
9211 S.W. 117TH COURT
MIAMI FL

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified **04/28/1986** 3a. Date of Last Report **07/09/1992**
4. FEI Number **980077483** Applied For Not Applicable

2. Mailing Address 2a. Principle Place of Business
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$138.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 119, U.S.C., Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VIMONDA, INC.
9211 S.W. 117TH COURT
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code 86 Country
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS	
11 TITLE	P
12 NAME	ANGARITA, PABLO A. V.
13 ADDRESS	CENTRO COMERCIALE PLAYIT VENEZUELA
14 CITY ST ZIP	
21 TITLE	V/D
22 NAME	VASQUEZ, RAFAEL
23 ADDRESS	CENTRO COMERCIALE PLAYIT VENEZUELA
24 CITY ST ZIP	
31 TITLE	S/D
32 NAME	DE VINK, DR. FLORLIA V.
33 ADDRESS	CENTRO COMERCIALE PLAYIT VENEZUELA
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY ST ZIP	

13. OFFICERS AND DIRECTORS CHANGES	
11 TITLE	P
12 NAME	VILLAFANE ANGARITA, PABLO A.
13 ADDRESS	EDIF. ALUANA, CALLE 67 Y AV. 3E MARACAIBO, VENEZUELA.
14 CITY ST ZIP	
21 TITLE	V/D
22 NAME	VILLAFANE NUNEZ, ANTONIO JOSE
23 ADDRESS	EDIF. ALUANA, CALLE 67 Y AV. 3E MARACAIBO, VENEZUELA.
24 CITY ST ZIP	
31 TITLE	S/D
32 NAME	RAMIREZ, MARY
33 ADDRESS	EDIF. ALUANA, CALLE 67 Y AV. 3E MARACAIBO, VENEZUELA.
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	60000148886
44 CITY ST ZIP	-05/24/95--01073--011
51 TITLE	****225.00 ****225.00
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY ST ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE *Pablo Villafane* DATE _____
Print/Type Name of Signing Officer or Director (Also) Daytime Telephone Number
PABLO A. VILLAFANE (PRESIDENT) (305) 274-4031 *JAW*

CG-2004 (11-92)