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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P11378

(7)

1. Corporation Name
ALTOCA INVESTMENTS N.V., INC.



Principal Place of Business C/O MARK HAUSER, ESQ. 1111 KANE CONCOURSE (#616) BAY HARBOR ISLANDS FL 33154	Mailing Address C/O MARK HAUSER, ESQ. 1111 KANE CONCOURSE (#616) BAY HARBOR ISLANDS FL 33154-2044
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3. Date Incorporated or Qualified 09/10/1986	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HAUSER, MARC ESQ.
1111 KANE CONCOURSE (#616)
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TOLEDANO, ALBERTO GADILLAS A SAN JACINTO CARACAS, VENEZUELA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDANO, ALBERTO	1.2 NAME	
STREET ADDRESS	GADILLAS A SAN JACINTO	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	VD DE TOLEDANO, ROSA GADILLAS A SAN JACINTO CARACAS, VENEZUELA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE TOLEDANO, ROSA	2.2 NAME	
STREET ADDRESS	GADILLAS A SAN JACINTO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	STD TOLEDANO, ABI GADILLAS A SAN JACINTO CARACAS, VENEZUELA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDANO, ABI	3.2 NAME	
STREET ADDRESS	GADILLAS A SAN JACINTO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Alberto Toledano

2/24/97 (305) 5302507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0208257

CR2E034 (9/96)