

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

FILED

Jul 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25747

(7)

1. Corporation Name

BITOR AMERICA CORPORATION

Principal Place of Business

5100 TOWN CENTER CIRCLE
STE. 450
BOCA RATON FL 33486

Mailing Address

5100 TOWN CENTER CIRCLE
STE. 450
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1989	3a. Date of Last Report 04/08/1996
4. FEI Number 58-1854914	Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

11. Name	12. Street Address (P.O. Box Number is Not Acceptable)
13. City	14. State FL
15. Zip Code	

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's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ZEMELLA, JORGE	
STREET ADDRESS	APARTADO 3470	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PULGAR, JUAN J	
STREET ADDRESS	5501 N MILITARY TRAIL #109	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTERO, HORACIO	
STREET ADDRESS	APARTADO 3470	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERNANDEZ-CARSTENS, EDU.	
STREET ADDRESS	3496 PINEHAVEN CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, CARLOS	
STREET ADDRESS	21929 HOLLEY TREE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	BORREGALES, CARLOS	
13. STREET ADDRESS	APARTADO 3470	
14. CITY-ST-ZIP	CARACAS 1010-A, VENEZUELA	
15. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	1004 RHODES VILLA LANE	
17. STREET ADDRESS	DELRAY BEACH, FL 33483	
18. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. 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:

[Signature]

CR2E034 (4/97)