

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27162 (7)

1. Corporation Name

WEST INDIES EXPORT S.A. CORPORATION



Principal Place of Business

Mailing Address

C/O MARTIN E. PONS
P. O. BOX 110639
MIAMI FL 33111

C/O MARTIN E. PONS
P. O. BOX 110639
MIAMI FL 33111

2. Principal Place of Business

2a. Mailing Address

21 13727 S.W. 152ST

26 13727 S.W. 152ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 SUITE 325

27 SUITE 325

23 City & State

28 City & State

23 MIAMI FL

28 MIAMI, FL

24 Zip

Country

29 Zip

Country

24 33177

29 33177

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/06/1989

3a. Date of Last Report
07/24/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

100% Martin E.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. BISCAYNE BLVD #4920

83

84 City

MIAMI

FL

85 Zip Code

33177

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 third applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	DELETE
NAME	ABREGO, JOSE	
STREET ADDRESS	BANCO UNION BLDG. 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	VD	DELETE
NAME	BERMUDEZ, FRANCISCO M.	
STREET ADDRESS	BANCO UNION BLDG. 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	SD	DELETE
NAME	CONTRERAS, LILIA BAKER	
STREET ADDRESS	BANCO UNION BLDG. 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	D	DELETE
NAME	DORADO, RICARDO	
STREET ADDRESS	BANCO UNION BLDG. 6TH FL	
CITY - ST - ZIP	PANAMA CITY PANAMA	
TITLE	AS	DELETE
NAME	PONS, MARTIN E.	
STREET ADDRESS	8460 N. KENDALL DR.	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Martin E. Pons

MARTIN E. PONS

4/18/96 (305) 373-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)