

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 JUL 14 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35926** (5)

1. Corporation Name
PIPWOD INVESTMENTS, LIMITED COMPANY

Principal Place of Business 701 BRICKELL AVE SUITE 805 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE SUITE 805 MIAMI FL 33131-2613
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2. Principal Place of Business 21 4 Columbus Centre Suite, Apt. #, etc. 22 Wickhams Cay, Road Town City & State 23 Torttola, B.V.I. Zip Country 24 25	2a. Mailing Address 26 4 Columbus Centre Suite, Apt. #, etc. 27 Wickhams Cay, Road Town City & State 28 Torttola, B.V.I. Zip Country 29 25 30
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3. Date Incorporated or Qualified 10/15/1991	3a. Date of Last Report 05/01/1996
4. FLL 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SULLIVAN, JOHN S 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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's signature required when not stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLDWIDE CORP. SER.,INC P.O. BOX 71 N/A ROAD TOWN,TORT.,BVI <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Mansfield, Abdiel Avda. Federico Boyd no. 33 Panama 1, Rep. de Panama <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSFIELD, ABDIEL AVENIDA FEDERICO BOYD 33 PANAMA 1, PANAMA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY ZARAK DE LA GUARDIA, LUIS CARLOS Avda. Federico Boyd no. 33 Panama 1, Rep. de Panama <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEDEZMA, HERIBERTO AVENIDA FEDERICO BOYD 33 PANAMA 1, PANAMA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ASSIST. SECRETARY LEDEZMA, HERIBERTO Avda. Federico Boyd no. 33 Panama 1, Rep. de Panama <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ Luis Carlos Carlos Zarak, Director-Secretary 4/2/5/97 305 381 8240

CR2E034 (9/96)