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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38558

FILED
99 DEC 21 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Inversora Banco Industrial de Venezuela CA, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1101 Brickell Avenue	1101 Brickell Avenue
Suite 701	Suite 701
Miami, FL 33131	Miami, FL 33131

3. Date Incorporated or Qualified: 04/29/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 98-01155126 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Concepcion Sexton B 999 Ponce de Leon Blvd, Suite 1015 Attn: Juan Vicente Urdaneta Miami, FL 33131	81 Name: NRAI Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Anthony J. Alexander, Asst. Secretary 12/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	Peña, Rafael		1.2 NAME	Alvarez Paz, Fernando	
STREET ADDRESS	Banco Industrial de Venezuela		1.3 STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE		1.4 CITY-ST-ZIP	Caracas, VE	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	Fernandez, Henrique		2.2 NAME	Bernal Peña, Saul de Jesus	
STREET ADDRESS	Banco Industrial de Venezuela		2.3 STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE		2.4 CITY-ST-ZIP	Caracas, VE	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	Diaz, Israel		3.2 NAME	Calazan Gerome, Lázaro José	
STREET ADDRESS	Banco Industrial de Venezuela		3.3 STREET ADDRESS	Banco Industrial de Venezuela	
CITY-ST-ZIP	Caracas, VE		3.4 CITY-ST-ZIP	Caracas, VE	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Berroteran, Luis A		4.2 NAME	100003082351--1	
STREET ADDRESS	Banco Industrial de Venezuela		4.3 STREET ADDRESS	-12/28/99--01076--015	
CITY-ST-ZIP	Caracas, VE		4.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Torres Virguez, Jose E		5.2 NAME		
STREET ADDRESS	Banco Industrial de Venezuela		5.3 STREET ADDRESS		
CITY-ST-ZIP	Caracas, VE		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Romero, Luisa		6.2 NAME		
STREET ADDRESS	Banco Industrial de Venezuela		6.3 STREET ADDRESS		
CITY-ST-ZIP	Caracas, VE		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

KE

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072 120 63
N 30 30.62
B125 137