

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

FILED

May 01 1996 8:00 am

Secretary of State

DOCUMENT # P93000016385 (5)

1. Corporation Name

IBEROAMERICAN SECURITIES CORP.

Principal Place of Business

701 BRICKELL AVE.
SUITE 1550
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131

81 Name

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

83

84

JUDITH KENNEY

701 BRICKELL AVENUE

SUITE 1200

MIAMI

FL

85

Zip Code

33131

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

Judith Kenney

4/26/96

12. OFFICERS AND DIRECTORS

TITLE CD
NAME FERNANDEZ-HOLMANN, ERNESTO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME PERCOVICH, LUIS
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME QUANT, ERNESTO
STREET ADDRESS 701 BRICKELL AVENUE SUITE 1550
CITY-STATE-ZIP MIAMI FL

TITLE DP
NAME MAS, RAUL
STREET ADDRESS 701 BRICKELL AVENUE SUITE 1550
CITY-STATE-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

Guillermo Mas DP

05/14/96

(305) 372-8270

CR2E034 (12/95)