

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

FILED  
Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037269 (5)

1. Corporation Name  
EXELFLOR CORPORATION



Principal Place of Business C/O PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD MIAMI FL 33131	Mailing Address C/O PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD MIAMI FL 33131-2310
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 #4874 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/17/1994 3a. Date of Last Report 02/01/1996 4. FEI Number (XXXXXXXXXX) 65-0492734 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD 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 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FERRERO, MAURICIO	11 TITLE	
NAME	DIAGONAL 128B BIS NO 20 95	12 NAME	
STREET ADDRESS	BOGOTA, COLOMBIA	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D DE HERNANDEZ, OFELIA	21 TITLE	
NAME	CALLE 113 NO. 75 D 05	22 NAME	
STREET ADDRESS	BOGOTA, COLOMBIA	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	D BALEN, MIGUEL	31 TITLE	
NAME	CALLE 74 NO. 36 25	32 NAME	
STREET ADDRESS	BOGOTA, COLOMBIA	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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, changed, or on an attachment with an address.

SIGNATURE:  30-04-97

CR2E034 (9/96)