

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 # P95000056590 (9)

1. Corporation Name

INVESA EXPORT CORPORATION



Principal Place of Business

Mailing Address

7930 NORTH WEST 36TH ST.
#23-156
MIAMI FL 33166

7930 NORTH WEST 36TH ST.
#23-156
MIAMI FL 33166

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10366 W. FLAGLER ST
Suite, Apt. #, etc.

26 10366 W. FLAGLER ST
Suite, Apt. #, etc.

22 2nd Floor

27 2nd Floor

23 MIAMI FL

28 MIAMI FL

24 33174

Country

29 33174

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, LILLIAN L
350 SEVILLA AVE.
SUITE 201
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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 then, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME: D AGUERO, JORGE
STREET ADDRESS: 7930 N.W. 36TH ST. #23-156 10366 W FLAGLER ST
CITY-STATE-ZIP: MIAMI FL 33166 33174
2. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
3. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
4. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
6. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1. 1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2. 1. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3. 1. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4. 1. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5. 1. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6. 1. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)