

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000026714 (1)**

1. Corporation Name
AFRINVEST, INC.

Principal Place of Business

Mailing Address

**601 BRICKELL KEY DR
805
MIAMI FL 33131
US**

**601 BRICKELL KEY DR
805
MIAMI FL 33131
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0766454	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GALEGO, ALLEN~~ **Allen & Galego**
**601 BRICKELL KEY DR
805
MIAMI FL 33131**

81 Name	Allen & Galego	
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 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	SPECIAL SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEJADA, ALFREDO RAMIREZ		1.2 NAME	Robert N. Allen, Jr.	
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		1.3 STREET ADDRESS	601 Brickell Key Dr, Suite 805	
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEMAN A., RICARDO J		2.2 NAME		
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RODRIGO ALBERTO		3.2 NAME		
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER DE CARLES, ENNA MARIA		4.2 NAME		
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ALFREDO		5.2 NAME		
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFARO, EDUARDO		6.2 NAME		
STREET ADDRESS	AVE. FEDERICO BOYD NO. 33		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA		6.4 CITY-ST-ZIP		

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 add-on.

SIGNATURE:

April 29, 1998 / 325 372-3302

CR2E034 (10/97)