

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 26 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104074 (5)

1. Corporation Name
GUASCOR, INC.



Principal Place of Business
7724 NW 64TH ST
MIAMI FL 33168
US

Mailing Address
7724 NW 64TH ST
MIAMI FL 33168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

65-0726668

Applied For
Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~HOEFLING, THOMAS~~
~~7724 NW 35TH ST~~
~~MIAMI FL 33168~~

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
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 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

Laura R. Dunlap

Laura R. Dunlap, as agent

1-27-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GRAJALES, JOSEBA | N/A |
| STREET ADDRESS | P.O. BOX 76801080 | |
| CITY-ST-ZIP | VITORIA/GASTIEZ SPAIN | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PAITUVI, MARTIN | N/A |
| STREET ADDRESS | P.O. BOX 76801080 | |
| CITY-ST-ZIP | VITORIA/GASTIEZ SPAIN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRANCO, JOSE M | N/A |
| STREET ADDRESS | P.O. BOX 76801080 | |
| CITY-ST-ZIP | VITORIA/GASTIEZ SPAIN | |
| TITLE | RD | <input checked="" type="checkbox"/> DELETE |
| NAME | TRIBIN, HUGO | |
| STREET ADDRESS | 7380 N.W. 35TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HOEFLING, THOMAS | |
| STREET ADDRESS | 7800 N.W. 35TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SIDIP |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 300002441043--0 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report with an address.

SIGNATURE:

MARTIN PAITUVI

1/24/98

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 719092 ⁴³⁰³⁹²⁹

AUTHORIZATION : *Patricia Fyfe*

COST LIMIT : \$ 150.00

ORDER DATE : February 25, 1998

ORDER TIME : 1:34 PM

ORDER NO. : 719092-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Yolanda Rodriguez
Greenberg Traurig
1221 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME: GUASCOR, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

98 FEB 25 PM 12:18
 DIVISION OF CORPORATION
 98 FEB 25 PM 4:20
 DIVISION OF CORPORATION
 22598