

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

FILED  
Apr 17 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 # P97000014374 (7)  
1. Corporation Name  
INVERSIONES CARONI CORPORATION



Principal Place of Business 7963 N.W. 64TH STREET MIAMI FL 33166	Mailing Address 7963 N.W. 64TH STREET MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1997	
21		26		4. FEI Number 65-0729934	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24	25	29	30		

9. Name and Address of Current Registered Agent HERNANDEZ, ADAM 7963 N.W. 64TH STREET MIAMI FL 33166				10. Name and Address of New Registered Agent			
				81 Name Michael Kobiakov			
				82 Street Address (P.O. Box Number is Not Acceptable) 7963 NW 64th St			
				83			
				84 City MIAMI			
				FL 85 Zip Code 33166			

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
DELETED				Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				D KOKIAKOV, Michael 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				D Schaeffer, Helmut 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				D Schaeffer, Helmut 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				D Schaeffer, Helmut 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				D Schaeffer, Helmut 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				D Schaeffer, Helmut 7963 NW 64th St MIAMI, FL 33166			
DELETED				Change <input type="checkbox"/> Addition <input type="checkbox"/>			

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 person 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 

CR2E034 (10/97)