

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SANDRA J. MORTHAM
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG -7 AM 8:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **593515**
 Corporation Name Ponche Crema Trading Corp.

Principal Place of Business Mailing Address
 c/o Carlos Alberto Castro
 1001 S Bayshore Drive Suite 2410
 Miami FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 888 Brickell Avenue

3. New Mailing Office Address, if Applicable
 888 Brickell Avenue

Suite, Apt. #, etc.
 202

City & State
 Miami FL

Zip
 33131

Country
 U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida
 11/12/91

5. FEI Number
 65-0294349

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Oscar Diaz Monch	Avda Principal El Algado	Caracas Venezuela
DV	Pedro Luis Raffalli	Avda Principal El Algado	Caracas Venezuela
DVS	Rafael Casas	12820 SW 107 Street	Miami FL
DV	Luis Jose Vicentini	888 Brickell Avenue Suite 202	Miami FL 33131

8. Name and Address of Current Registered Agent
 Carlos Alberto Castro
 1001 S Bayshore Drive Suite 2410
 Miami FL 33131

9. Name and Address of New Registered Agent
 Name
 Geoffrey M. Wayne, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1001 Brickell Bay Drive
 Suite, Apt. #, Etc.
 2702
 City
 Miami State
 FL Zip Code
 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Geoffrey M. Wayne Date 8.4.98
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rafael J. Casas 7/27/98 305-3471539
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E-00 (12/96)