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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S93515

1. Corporation Name

PONCHE CREMA TRADING CORP.

Principal Place of Business Mailing Address
 888xBrickellxAvexxxxx888xBrickellxAvexxxxx
 Suite#202xxxxxxxxxxxxSuite#202xxxxxxxxxxxx
 MiamiFxFloridax33131xMiamiFxFloridax33131x

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 3785 NW 82 Ave	26 3785 NW 82 Ave	11/12/1991	65-0294349	Not Applicable
Suite, Apt. #, etc. 22 #203	Suite, Apt. #, etc. 27 #203	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23 Miami, Florida	City & State 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <input type="checkbox"/>	
Zip Country 24 33166 25 USA	Zip Country 29 33166 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNNEXSOFEXXMXRAXX
 1001BrickellxBayxDrivexx#2702
 MiamiFxFloridax33131xxx

81 Name
 Jose Yanez
 82 Street Address (P.O. Box Number is Not Acceptable)
 3785 NW 82nd Ave
 83 Miami
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jose Yanez

July 26, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP/T
NAME	Monch, Oscar D	1.2 NAME	Jose Rafael Mandry Llanas
STREET ADDRESS	Avda Principal El Algod	1.3 STREET ADDRESS	3785 NW 82 Ave., #203
CITY-ST-ZIP	Caracas, Venezuela	1.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE		2.1 TITLE	D/P
NAME		2.2 NAME	Rafalli, Pedro L.
STREET ADDRESS		2.3 STREET ADDRESS	3785 NW 82 Ave., #203
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE	V.D.	3.1 TITLE	D/S
NAME	VICENTINI, LUIS J.	3.2 NAME	Yanez, Jose
STREET ADDRESS	888 BRICKELL AV, #202	3.3 STREET ADDRESS	3785 NW 82 Ave., #203
CITY-ST-ZIP	MIAMI-FL-33131	3.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE		4.1 TITLE	D.V.
NAME		4.2 NAME	CASAS, RAFAEL
STREET ADDRESS		4.3 STREET ADDRESS	12820 SW 107 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI-FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE:

Jose Yanez 7/26/99 (305)499-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)