

**ANNUAL REPORT  
1995**

**FLORIDA  
DIVISION OF CORPORATIONS**

**FILED**

**95 MAY -1 PM 9:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # 854878 (6)**

**1. Corporation Name  
VIFERE CORP. N.V.**

**2. Principal Place of Business**  
C/O BENITO M. IRASTORZA  
8005 SW 170 ST.  
MIAMI FL 33157

**Mailing Address**  
C/O BENITO M. IRASTORZA  
8005 SW 170 ST.  
MIAMI FL 33157

**3. Date Incorporated or Qualified**  
12/07/1982

**3a. Date of Last Report**  
05/01/1994

**4. FEI Number**  
98-0056155

**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 has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**22** Suite, Apt. #, etc.

**23** City & State

**24** City & State

**25** Zip

**26** Zip

**27** Country

**28** Country

**29** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**QUESADA, G. FRANK**  
1313 PONCE LE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33134

**10. Name and Address of New Registered Agent**

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**B5** 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>IRASTORZA, B.</b>
<b>STREET ADDRESS</b>	<b>8005 SW 170 ST.</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>IRASTORZA, R.</b>
<b>STREET ADDRESS</b>	<b>8005 SW 170 ST.</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>NEW HEMISPHERE TRUST CO.</b>
<b>STREET ADDRESS</b>	<b>SNIGWEG 41, CURACAO</b>
<b>CITY - ST - ZIP</b>	<b>NETHERLANDS ANTILL.</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 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:** \_\_\_\_\_ **DATE:** 11-24-95 **FILE NO:** (305) 595-5128

Signature, typed or printed name of signing officer or director