


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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2 0 0 0		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854878
1. Corporation Name
VIFERE CORP., N. V.

Principal Place of Business 12460 SW 8th Street #209 Miami, FL 33184	Mailing Address PO BOX 560683 Miami, FL 33256
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3. Date Incorporated or Qualified 12/07/82	3b. Date of Last Report 1999
4. FEI Number 98-0056155	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 PO BOX 560683
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Miami, FL
24 Country	29 33256
25	30 Country

9. Name and Address of Current Registered Agent
G. FRANK QUESADA, ESQ.
1313 Ponce de Leon Blvd., Ste. 200
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
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 4/20/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

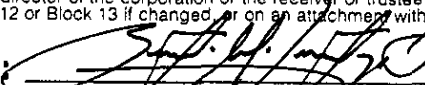
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENITO IRASTORZA	
STREET ADDRESS	8005 SW 170 ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	R. IRASTORZA	
STREET ADDRESS	8005 SW 170 ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEW HEMISPHERE TRUST CO.	
STREET ADDRESS	SNIGWEG 41, CURACAO	
CITY-ST-ZIP	NETHERLAND ANTILLES	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENITO IRASTORZA	
1.3 STREET ADDRESS	PO BOX 560683	
1.4 CITY-ST-ZIP	MIAMI, FL 33256	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. IRASTORZA	
2.3 STREET ADDRESS	PO BOX 560683	
2.4 CITY-ST-ZIP	MIAMI, FL 33256	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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		

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****158.75 ****158.75

14. I do 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.

SIGNATURE:  BENITO IRASTORZA 4/20/2000 (305) 667-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)