

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91176 035 ***150.00

DOCUMENT # 854878

1. Entity Name
VIFERE CORP. N.V.

Principal Place of Business
 12460 S.W. 8TH ST., #209
 MIAMI FL 33184

Mailing Address
 P.O. BOX 560683
 MIAMI FL 33256

2. Principal Place of Business
12460 SW 8TH ST
 Suite, Apt. #, etc.
SUITE 209 (201)
 City & State
MIAMI, FL.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip
33184 Country
USA.

Zip Country

4. FEI Number **98-0056155** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
QUESADA, G. FRANK ESQ.
1313 PONCE LE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State
FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | IRASTORZA, BENITO | |
| STREET ADDRESS | P.O. BOX 560683 | |
| CITY-ST-ZIP | MIAMI FL 33256 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | IRASTORZA, R. | |
| STREET ADDRESS | P.O. BOX 560683 | |
| CITY-ST-ZIP | MIAMI FL 33256 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEW HEMISPHERE TRUST CO. | |
| STREET ADDRESS | SNIGWEG 41, CURACAO | |
| CITY-ST-ZIP | NETHERLANDS ANTILL. | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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; that I am required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENITO M. IRASTORZA, PRES 09/30/01 (305) 667-3134
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE