


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 854878
 1. Entity Name.
VIFERE CORP. N.V.



| | |
|--|--|
| Principal Place of Business 3805 NW 107 AVE SUITE 123 MIAMI, FL 33178 US | Mailing Address P.O. BOX 560683 MIAMI, FL 33256 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 98-0056155 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD IRASTORZA, BENITO P.O. BOX 560683 MIAMI, FL 33256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD IRASTORZA, R. P.O. BOX 560683 MIAMI, FL 33256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEW HEMISPHERE TRUST CO. SNIGWEG 41, CURACAO NETHERLANDS ANTILL., |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

UN00000013356
 01/26/04-80050-013 150.00

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12. 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 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/20/04** **(305) 562-7086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #