



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02908-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 90261, Name of Corporation: Darlington Auto Body, Inc., Street Address: 156 BENEFIT ST., Pawtucket, RI 02861, Business Phone No. 401-723-2280, State of Incorporation: RHODE ISLAND, SIC Code: 8953, Brief Description of Business: TO PROVIDE FOR THE REPAIR AND SALE OF AUTOMOBILES AND OTHER VEHICLES. Officers: President Jose Jorge, Vice President Manuel Jorge, Secretary Manuel Jorge, Treasurer Jose Jorge. Directors: No Board of Directors unless affirmative action to contrary in accordance with Corp. By Laws. Shares Authorized: 100 NO PAR VALUE. Shares Issued: 0.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Jose Jorge, Date: 1/5/05, Title of Officer: President

File Date: 2-7-05, Check No.: 4958, By: [Signature]

FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>90261</b>		2. Name of Corporation <b>Darlington Auto Body, Inc.</b>			
3. Street Address Principal Business Office <b>156 BENEFIT ST.</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No. <b>401-723-2280</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8953</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PROVIDE FOR THE REPAIR AND SALE OF AUTOMOBILES AND OTHER VEHICLES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOSE JORGE</b>			Vice President Name <b>MANUEL JORGE</b>		
Street Address <b>156 BENEFIT ST.</b>			Street Address <b>156 BENEFIT ST.</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>MANUEL JORGE</b>			Treasurer Name <b>JOSE JORGE</b>		
Street Address <b>156 BENEFIT ST.</b>			Street Address <b>156 BENEFIT ST.</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NO BOARD OF DIRECTORS UNLESS</b>			Director Name <b>THE SHAREHOLDERS TAKE</b>		
Street Address <b>AFFIRMATIVE ACTION TO CONTRARY</b>			Street Address <b>IN ACCORDANCE WITH CORPORATE BY LAWS</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 2 6 1 \*

File Date 12/31/03  
Check No. 41025  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 12/29/03  
Print or Type Name of Officer JOSE JORGE  
Title of Officer PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **90261** 2. Name of Corporation **Darlington Auto Body, Inc.**  
 3. Street Address Principal Business Office **156 BENEFIT STREET PAWTUCKET RI 02861**  
 4. Business Phone No. **401-723-2280** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**REPAIR AND SALES OF AUTOMOBILES AND OTHER VEHICLES**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>JOSE JORGE</b>	Vice President Name <b>MANUEL JORGE</b>
Street Address <b>156 BENEFIT STREET</b>	Street Address <b>156 BENEFIT STREET</b>
City State Zip <b>PAWTUCKET RI 02861</b>	City State Zip <b>PAWTUCKET RI 02861</b>
Secretary Name <b>MANUEL JORGE</b>	Treasurer Name <b>JOSE JORGE</b>
Street Address <b>156 BENEFIT STREET</b>	Street Address <b>156 BENEFIT STREET</b>
City State Zip <b>PAWTUCKET RI 02861</b>	City State Zip <b>PAWTUCKET RI 02861</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NO BOARD OF DIRECTORS UNLESS THE SHAREHOLDER TAKE AFFIRMATIVE</b>	Director Name <b>ACTION TO CONTRARY IN ACCORDANCE WITH CORPORATE BY-LAWS</b>
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES	
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>100 NO PAR VALUE</b>	<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 2 6 1 \*

File Date: 2/25/03  
 Check No.: 3061  
 By: gn

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: JANUARY 23, 2003  
 Print or Type Name of Officer: JOSE JORGE  
 Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90261** 2. Name of Corporation **Darlington Auto Body, Inc.**  
3. Street Address Principal Business Office **156 Benefit Street** City **Pawtucket** State **RI** Zip **02861**  
4. Business Phone No. **401-723-2280** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Repair and sales of automobiles and other vehicles**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Jose Jorge</b>	Vice President Name <b>Manuel Jorge</b>
Street Address <b>156 Benefit Street</b>	Street Address <b>156 Benefit Street</b>
City State Zip <b>Pawtucket RI 02861</b>	City State Zip <b>Pawtucket RI 02861</b>
Secretary Name <b>Manuel Jorge</b>	Treasurer Name <b>Jose Jorge</b>
Street Address <b>156 Benefit Street</b>	Street Address <b>156 Benefit Street</b>
City State Zip <b>Pawtucket RI 02861</b>	City State Zip <b>Pawtucket RI 02861</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>No Board of Directors unless the shareholders take affirmative action to</b>	Director Name <b>contrary in accordance with corporate by-laws.</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**none**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 2 6 1 \*

File Date: 3/19/02  
Check No.: 1997  
By: AB

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Jose Jorge February 5, 2002  
Signature of Officer Date  
**Jose Jorge**  
Print or Type Name of Officer  
**President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 90261		2. Name of Corporation Darlington Auto Body, Inc.			
3. Street Address Principal Business Office 156 Benefit Street			City Pawtucket	State RI	Zip 02861
4. Business Phone No. (401) 723-2280		5. State of Incorporation Rhode Island		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island Repair and sales of automobiles and other vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose Jorge			Vice President Name Manuel Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Manuel Jorge			Treasurer Name Jose Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name No Board of Directors unless the shareholders			Director Name take affirmative action to contrary in		
Street Address accordance with the corporate by-laws.			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		No Par Value	100		No Par Value

RECEIVED  
 CORPORATION DIVISION  
 JUN 10 12 31 PM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JUN 18 2001

File Date: \_\_\_\_\_  
 By: [Signature]  
 Check No.: 265604  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

x [Signature] 3-22-01  
 Signature of Officer Date  
Jose Jorge  
 Print or Type Name of Officer  
President  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90261		2. Name of Corporation Darlington AutoBody, Inc.					
3. Street Address Principal Business Office 156 Benefit Street				City Pawtucket	State RI	Zip 02861	
4. Business Phone No. (401) 723-2280			5. State of Incorporation Rhode Island			6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island Repair and sales of automobiles and other vehicles							
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
President Name Jose Jorge				Vice President Name Manuel Jorge			
Street Address 156 Benefit Street				Street Address 156 Benefit Street			
City Pawtucket	State RI	Zip 02861		City Pawtucket	State RI	Zip 02861	
Secretary Name Manuel Jorge				Treasurer Name Jose Jorge			
Street Address 156 Benefit Street				Street Address 156 Benefit Street			
City Pawtucket	State RI	Zip 02861		City Pawtucket	State RI	Zip 02861	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
Director Name No Board of Directors unless the shareholders				Director Name take affirmative action to contrary in			
Street Address accordance with the corporate by-laws.				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>				<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
100		No Par Value		100		No Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JUN 18 2001

By: *[Signature]*  
265604

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* 3-22-01  
Signature of Officer Date

Jose Jorge  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1999  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90261		2. Name of Corporation Darlington Auto Body, Inc.			
3. Street Address Principal Business Office 156 Benefit Street			City Pawtucket	State RI	Zip 02861
4. Business Phone No. (401) 723-2280		5. State of Incorporation Rhode Island			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island Repair and sales of automobiles and other vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose Jorge			Vice President Name Manuel Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Manuel Jorge			Treasurer Name Jose Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name No Board of Directors unless the shareholders take affirmative action to contrary in accordance with the corporate by-laws.					
Street Address					
City	State	Zip	City	State	Zip
Director Name					
Street Address					
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		No Par Value	100		No Par Value

RECEIVED  
 SECRETARY OF STATE  
 JUN 18 10 54 AM '01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JUN 18 2001

BY *[Signature]*  
205604

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* 3-22-01  
Signature of Officer Date

Jose Jorge  
Print or Type Name of Officer  
President

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90261		2. Name of Corporation Darlington Auto Body, Inc.			
3. Street Address Principal Business Office 156 Benefit Street			City Pawtucket	State RI	Zip 02861
4. Business Phone No. (401) 723-2280		5. State of Incorporation Rhode Island		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island Repair and sales of automobiles and other vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose Jorge			Vice President Name Manuel Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Manuel Jorge			Treasurer Name Jose Jorge		
Street Address 156 Benefit Street			Street Address 156 Benefit Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name No Board of Directors unless the shareholders			Director Name take affirmative action to contrary in		
Street Address accordance with the corporate by-laws.			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		No Par Value	100		No Par Value

JUN 18 12 34 PM '01  
 RECEIVED  
 SECRETARY OF STATE  
 OFFICE OF THE SECRETARY OF STATE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
 JUN 18 2001  
 By: *[Signature]*  
 265601  
 File Date: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

x *[Signature]* 3-22-01  
 Signature of Officer Date  
 Jose Jorge  
 Print or Type Name of Officer  
 President  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90261** 2. Name of Corporation **Darlington Auto Body, Inc.**

3. Street Address Principal Business Office **156 Benefit Street** City **Pawtucket** State **Rhode Island** Zip **02861**  
4. Business Phone No. **(401) 723-2280** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Repair and sales of automobiles and other vehicles**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Jose Jorge</b> Street Address <b>156 Benefit Street</b> City <b>Pawtucket</b> State <b>Rhode Island</b> Zip <b>02861</b>	Vice President Name <b>Manuel Jorge</b> Street Address <b>156 Benefit Street</b> City <b>Pawtucket</b> State <b>Rhode Island</b> Zip <b>02861</b>
Secretary Name <b>Manuel Jorge</b> Street Address <b>156 Benefit Street</b> City <b>Pawtucket</b> State <b>Rhode Island</b> Zip <b>02861</b>	Treasurer Name <b>Jose Jorge</b> Street Address <b>156 Benefit Street</b> City <b>Pawtucket</b> State <b>Rhode Island</b> Zip <b>02861</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name **No Board of Directors unless the shareholders take affirmative action to contrary in**  
Street Address **accordance with the corporate by-laws.**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES ✓		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 SHS NO PAR VALUE</b>			<b>None</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.14.97  
Check No.: 2633  
By: 10P

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Jose Jorge Date February 25, 1997  
Print or Type Name of Officer Jose Jorge  
Title of Officer President