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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838266

(5)

ESSEX INVESTMENTS N.V., INC.

Country

25

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

26

27

28

29

2299 DOUGLAS ROAD 4TH FLOOR MIAMI FL 33145

2. Principal Place of Business

Suite, Apt #, etc.

City & State

21

22

23

24

Zio

2299 DOUGLAS ROAD 4TH FLOOR MIAMI FL 33145-3000

## FILED Apr 24 1997 8:00am Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report 04/19/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 04/21/1977

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4, FEI Number

98-0035677

Florida Statutes

FRAGA, ANTONIO O. 2299 DOUGLAS RD.,4TH FL. MIAMI FL 33145			1	81 Name						
			Ī	82 Street Address (P.O. Box Number is Not Acceptable)						
MIMMI FL 03143				83						
}			<u> </u>						<del>.,</del>	
			6	84) C	ity			FL	85 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 Step string, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		g major o		IS/CHANGES TO C		DIRECTO	RS IN 12
THUE	VSD	DELETE	1.1 TITL	.E					Change	Addition
NAME	Fraga, antonio c.		1.2 NAN	AE .						
STREET ADORESS	2299 DOUGLAS ROAD 4TH FL Miami Fl			EET ADO	DRESS					
CHTY - ST - ZIP				Y - ST - ZI	IP					
TITLE	PD DELETE		21 TITLE			**************************************			Change	Addition
NAME	FRAGA, ANTONIO O.		2.2 NAM	<b>VE</b>	- 1					
STREET ADDRESS	2299 DOUGLAS RD, 4TH FL		2.3 STR	EET ADO	DRESS					
CHY-ST-7IP	MIAMI FL		2.4 CiTY-\$T-ZIP		IP					
1111.6		DELETE	3.1 TITL	E					Change	Addition
NAME			3.2 NAN	ΛE	1					
STREET ADDRESS			3 3 STR	EET ADD	DAESS					ļ
CITY-ST-ZIP			3.4 CIV	Y-\$1-Z	IP I					
Titul		DELETE	4.1 TITL	.E	7				Change	Addition
NAME			4. 2 NAI	ME						
STREET ADDRESS		•	4.3 STR	EET ADD	ORESS					
CITY - ST - 7/P			4.4 CITY	r-ST-ZI	P_					
titue		DELETE	5.1 TITL	E				· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAN	<b>A</b> E	J					
STREET ADDRESS			5.3 STR	EET ADD	PRESS					l
CITY+S1+ZiP			5.4 CITY	(-ST-ZI	IP .					
TILLE		☐ DELETE	6.1 TITL	£					Change	Addition
NAME			62 NAN	AE.						
STREET ADDRESS			6.3 STR	EET ADO	PRESS		4.6			
CITY-ST-7IP			6.4 CiTY							
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 Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.										

Country

30