

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:27

**DOCUMENT # 838691 (4)**

1. Corporation Name  
**MAMONA INVESTMENTS N.V., INC.**

Principal Place of Business Mailing Address  
**2900 NE 188TH STREET NORTH MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1977** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **52-1091920** Applied For  Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Finance and Trust Fund Contributions  **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THEODOLI, KATRIN  
2900 NE 188TH ST  
NORTH MIAMI BEACH FL 33160**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **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

Signature (typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE **D**  
NAME **CURACAO CORP CO.**  
STREET ADDRESS **HANDELSKADE 8**  
CITY, ST, ZIP **CURACAO NV**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

TITLE **SPD**  
NAME **THEODOLI, KATRIN**  
STREET ADDRESS **2900 NE 188TH STREET**  
CITY, ST, ZIP **N MIAMI BEACH FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **KATRIN THEODOLI-SPD** 6-12-95 (305) 931-4292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initials

CR2E034 (3/95)