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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 838691

(4)

FILED Apr 14 1997 8:00am Secretary of State

2900 NE 188T	e of Business H STREET BEACH FL 33180	Mailing Address 2900 NE 188TH STREET NORTH MIAMI BEACH F	L 33180-2911		
				3. Date Incorporated or Qualified 06/29/1977	3a. Date of Last Report 04/12/1996
	lace of Business	2a. Mailing Address	, // // , // // , // // // , // // // //	4. FEI Number	Applied For
Suite: Apt	# ctc	Suile, Apt. #, etc.		52-1091920	Not Applicab
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u>Ζ</u> ιρ	Country	7 ₁ p	Country	8. This corporation has liability for in	
4	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	sistered Agent
	ODOLI, KATRIN		81 Name		
	O NE 188TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
NO	RTH MIAMI BEACH FL 33160			····	
			83		
			84 City		85 Zip Code
					FL 13 En occió
			ures, ine apove-named col		uroose of chanding its registere
office or i	registered agent, or both, in the Stat	te of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
office or agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora- lorida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Sugariate hypother particularization of registored as	gert and the if applicable. (N	DTE. Registered Agent signature req	ulred when reinslating)	DATE
SIGNATURE	Signs on Special or printed name of registorica and OFFICERS At	gert and tite if applicable. (NX ND DIRECTORS	DTE. Registered Agent signature requ		DATE
SIGNATURE 12. III.E	Supplies partied name of registorica as OFFICERS AT	gert and the if applicable. (N	TE. Registered Agent signature requirements 13.	ulred when reinslating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND CURACAO CORP CO.	gert and tite if applicable. (NX ND DIRECTORS	OTE: Registered Agent signatura required 13. 11 TITLE 12 NAME	ulred when reinslating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. IIIGE NAME STREET ADDRESS	OFFICERS AND CURACAO CORP CO. HANDELSKADE 8	gert and tite if applicable. (NX ND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	ulred when reinslating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. HIGE NAME STREET ADDRESS CHY: S1-74F	OFFICERS AT D CURAÇÃO CORP CO. HANDELSKADE 8 CURAÇÃO NV	gert and tite if applicable. (NX ND DIRECTORS	OTE: Registered Agent signatura required 13. 11 TITLE 12 NAME	ulred when reinslating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. HIGE NAME SIREST ADDRESS CHY ST-ZIE HIGE	OFFICERS AT D CURAÇÃO CORP CO. HANDELSKADE 8 CURAÇÃO NV SPD	gert and title if applicable. (RX ND DIRECTORS DELETE	DIE Registered Agent agnature req 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ulred when reinslating)	CATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. HITE NAME STREET ADDRESS CHY: S1-74 HITE NAME	OFFICERS AT D CURAÇÃO CORP CO. HANDELSKADE 8 CURAÇÃO NV SPD THEODOLI, KATRIN	gert and title if applicable. (RX ND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 YITLE 2.2 NAME	ulred when reinslating)	CATE ERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. THEF NAME STREET ADDRESS CITY: \$1-749 THEE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AT D CURAÇÃO CORP CO. HANDELSKADE 8 CURAÇÃO NV SPD THEODOLI, KATRIN 2900 NE 188TH STREET	gert and title if applicable. (RX ND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ulred when reinslating)	Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition
SIGNATURE 12. HIGE NAME SPEEL ADDRESS CITY, ST-749 HIGE NAME SURFEL ADDRESS CITY, ST-749 HIGE NAME STREET ADDRESS CITY, ST-749	OFFICERS AT D CURAÇÃO CORP CO. HANDELSKADE 8 CURAÇÃO NV SPD THEODOLI, KATRIN 2900 NE 188TH STREET	gert and title if applicable. (RX ND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 YITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 31 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	ulred when reinslating)	Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition
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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 I am an officer or director of the corporation or the exercise 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 of an attachment with an address.

SIGNATURE:

KATRIN THEODOLI/SPD ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-97

(305) 931-4292

0245791