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95 MAY -1 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 844584

1. Corporation Name:

STURT CREEK N.V., INC.

Principal Place of Business

Mailing Address

**6351 N.E. 20th Terrace
Fort Lauderdale, Fl. 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 6351 N.E. 20th Terrace		11/13/79		6/1/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		98-0050688		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
23		28 Ft. Lauderdale, Fl.		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		☐	
25		29 33308		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
26		30 U.S.A.		☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**LANDY, BURTON A.
200 S.E. FIRST STREET, 12th FL.
MIAMI, FLORIDA 33131**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	1. TITLE	
NAME	MONTIEL, Francisco	12. NAME	
STREET ADDRESS	6360 N.E. 20th Terrace	13. STREET ADDRESS	300001486503
CITY, ST, ZIP	Fort, Lauderdale, Fl. 33308	14. CITY, ST, ZIP	-05/12/95--01119--011
TITLE	S/D/	21. TITLE	****208.75 ****208.75
NAME	MONTIEL, Oscar	22. NAME	
STREET ADDRESS	P.O. BOX 705 N/A	23. STREET ADDRESS	
CITY, ST, ZIP	Maracaibo, Venezuela	24. CITY, ST, ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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: *[Signature]* (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-(491-2358)
Toll-Free 800-352-7777