

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:58

DOCUMENT # **845968** (7)  
1. Corporation Name  
**SURINAMSE LUCHTVAART MAATSCHAPPIJ N.V. (INC.)**

Principal Place of Business: 5775 BLUE LAGOON DRIVE, SUITE 320 MIAMI FL 33126-2034  
Mailing Address: 5775 BLUE LAGOON DRIVE, SUITE 320 MIAMI FL 33126-2034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1980  
3a. Date of Last Report: 03/31/1994  
4. FEI Number: 39-1957030  
Applied For:  Applied For  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
2a. Mailing Address  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

9. Name and Address of Current Registered Agent  
SCHREIBER, RODON-ALVAREZ P.A.  
890 S.DIXIE HWY.  
CORAL GABLES FL 33146

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 agent 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALOR, RONNY H
STREET ADDRESS	ANDIRASTRAAT NO. 39
CITY- ST- ZIP	PARAMARIBO, SURINAME
TITLE	V
NAME	JESSURUN, HENKIE D
STREET ADDRESS	VERLKEIZERSTRAAT 51
CITY- ST- ZIP	PARAMARIBO, SURINAME
TITLE	V
NAME	WELTEVREDEN, JOHAN R
STREET ADDRESS	WAALDIJKSTRAAT 168
CITY- ST- ZIP	PARAMARIOBO, SURINAME
TITLE	M
NAME	FUNG-LOY, GENE
STREET ADDRESS	9551 FONTAINE BLUE BLVD., APT. 211
CITY- ST- ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon appointment with an address.

SIGNATURE: \_\_\_\_\_ Gene Fung-Loy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
2-15-95. (305) 262-7984  
Date Telephone #