

**N: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 847760 (6)**

1. Corporation Name  
**VARTON CORPORATION N.V.**

Principal Place of Business Mailing Address  
6955 N.W. 77TH AVENUE, SUITE 203 MIAMI FL 33168  
6955 N.W. 77TH AVENUE, SUITE 203 MIAMI FL 33168

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	22	27	12/22/1980	04/25/1994
State, Apt. #, etc.		State, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		98-0053971	Not Applicable
23	28	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	29		30	
24	25	29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	

**FRAU, TERESA M  
6955 N.W. 77TH AVENUE, NO. 203  
MIAMI FL 33168**

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 to reflect name of registered agent and title of appointee

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRIQUEZ, BERNARDO	12 NAME	T/D
STREET ADDRESS	6955 N.W. 77TH AVENUE, SUITE 203	13 STREET ADDRESS	Teresa M. Frau
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	6955 N.W. 77th Ave. No. 203
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ DE ARMAS, ANTONIO	22 NAME	
STREET ADDRESS	6955 N.W. 77TH AVENUE, SUITE 203	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 true and correct and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information indicated on this 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 a registered agent or person 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 a new block if added, with my address.

SIGNATURE:

*ANTONIO RODRIGUEZ DE ARMAS*  
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

Date: 4-25-95  
System File No: (305) 888-5913  
0185088 CP