

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra P. Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 24 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855774 (6)
1. Corporation Name
JOLEYTON CORPORATION N.V.



REINSTATEMENT 97-98

Principal Place of Business: C/O OSWALDO RODRIGUEZ G. 301 OCEAN DRIVE KEY BISCAIYNE FL 33149
Mailing Address: C/O OSWALDO RODRIGUEZ G. 301 OCEAN DRIVE KEY BISCAIYNE FL 33149-1607

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.		03/09/1983		06/18/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		98-0056623		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24				30			
25				30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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, as 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 607.0503, Florida Statutes.

SIGNATURE: *Connie Bryan* **CONNIE BRYAN**
Special Assistant Secretary
DATE: 7/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRST COLUMBUS TRUST N.V.	1.2 NAME	300002600263--1
STREET ADDRESS	1-A COLUMBUSTRAAT	1.3 STREET ADDRESS	-07/28/98--01039--007
CITY-ST-ZIP	CURACAO	1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ G., OSWALDO	2.2 NAME	300002600263--1
STREET ADDRESS	AVDA.PRINCIPAL LA CASTEL	2.3 STREET ADDRESS	-07/28/98--01039--008
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE RODRIGUEZ, ZORAIDA LUJAN	3.2 NAME	300002600263--1
STREET ADDRESS	AVDA.PRINCIPAL LA CASTEL	3.3 STREET ADDRESS	-07/28/98--01039--009
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Zoraida de Rodriguez* - Zoraida de Rodriguez-Director

CR2E034 (9/96)