

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000005491 (4)

1. Corporation Name  
D.O.T. PROPERTIES N.V.



Principal Place of Business

% CHRISTOPHER J. KLEIN-BAUR, MILLER ET AL  
100 N. BISCAYNE BLVD. 21ST FLOOR  
MIAMI FL 33132

Mailing Address

% CHRISTOPHER J. KLEIN-BAUR, MILLER ET AL  
100 N. BISCAYNE BLVD. 21ST FLOOR  
MIAMI FL 33132-2304

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

02/09/1996

4. FEI Number

98-0064274

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

9. Name and Address of Current Registered Agent

KLEIN, CHRISTOPHER J ESQ  
BAUR, MILLER & WEBNER, P.A.  
100 N. BISCAYNE BLVD. 21ST FLOOR  
MIAMI FL 33132

10. Name and Address of New Registered Agent

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. 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 title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | MD   | <input type="checkbox"/> DELETE |
| NAME           | MEESPIERSON TRUST (CURACAO) N.V.           |                                 |
| STREET ADDRESS | 14 JOHN B. GORSIRAWEG                      |                                 |
| CITY-STATE-ZIP | CURACAO, NETHERLANDS ANTILLES              |                                 |
| TITLE          | MD   | <input type="checkbox"/> DELETE |
| NAME           | FAIR, IAN DENNIS                           |                                 |
| STREET ADDRESS | SEA GRAPE HOUSE, EASTERN RD                |                                 |
| CITY-STATE-ZIP | NEW PROVIDENCE, BAHAMAS                    |                                 |
| TITLE          | MD   | <input type="checkbox"/> DELETE |
| NAME           | CAREY, STEVEN ELVIS                        |                                 |
| STREET ADDRESS | 3 HARROW AVE, WESTWARD VILLAS, CABLE BEACH |                                 |
| CITY-STATE-ZIP | NEW PROVIDENCE, BAHAMAS                    |                                 |
| TITLE          | S  | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, JOAN LYNN                        |                                 |
| STREET ADDRESS | 8 YORK AVE, GLENISTON GARDENS              |                                 |
| CITY-STATE-ZIP | NEW PROVIDENCE, BAHAMAS                    |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-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-STATE-ZIP |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-STATE-ZIP |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-STATE-ZIP |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-STATE-ZIP |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-STATE-ZIP |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-STATE-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, and an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: X  
Date: Jan 16, 1997 (305) 377-3561  
Daytime Phone #

CR2E034 (9/96)