

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

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03-01-1999 90206 047 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005491

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



Principal Place of Business Mailing Address
% CHRISTOPHER J. KLEIN-BAUR.MILLER ET AL % CHRISTOPHER J. KLEIN-BAUR.MILLER ET AL
100 N. BISCAYNE BLVD. 21ST FLOOR 100 N. BISCAYNE BLVD. 21ST FLOOR
MIAMI FL 33132 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/09/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		98-0064274	
24 Country		30 Country		Applied For	
				-Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 KLEIN, CHRISTOPHER J. ESQ,
82 Street Address (P.O. Box Number is Not Acceptable) BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
83 100 N. BISCAYNE BLVD - 21st Floor
84 City MIAMI FL 85 Zip Code 33132

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 reinstating)

DATE

Jan. 14, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEESPIERSON TRUST (CURACAO) N.V.	1.2 NAME	
STREET ADDRESS	14 JOHN B. GORSIRAWEG	1.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES	1.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, IAN DENNIS	2.2 NAME	
STREET ADDRESS	SEA GRAPE HOUSE, EASTERN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PROVIDENCE, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, STEVEN ELVIS	3.2 NAME	
STREET ADDRESS	3 HARROW AVE, WESTWARD VILLAS, CABLE BEACH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PROVIDENCE, BAHAMAS	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOAN LYNN	4.2 NAME	
STREET ADDRESS	8 YORK AVE, GLENISTON GARDENS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PROVIDENCE, BAHAMAS	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN D. FAIR

X

Jan. 21, 1999 (305) 377-3561

Date

Daytime Phone #

CR2E034 (11/98)