

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 8:06

DOCUMENT # 850344 (3)

1. Corporation Name
EHDEN N.V.

Principal Place of Business Mailing Address
**C/O OWEN S FREED
2200 MUSEUM TWR., 150 W. FLAGLER ST.
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/04/1981	3a. Date of Last Report 03/04/1994
4. FEI Number 98-0049908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREED, OWEN S 2200 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI FL 33130	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0500 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]* **OWEN S. FREED** *[Signature]* DATE **4/10/95**

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	FRANGIER-SAYEGH, MICHEL	1.2 NAME	
STREET ADDRESS	CALLE LUIS ROCHE NO. 30	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SAYEGH, YVONNE	2.2 NAME	
STREET ADDRESS	CALLE LUIS ROCHE NO. 30	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURACAO CORP CO NV.	3.2 NAME	
STREET ADDRESS	DE RUYTERKADE 82	3.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO NETH.ANTILLE	3.4 CITY-ST-ZIP	
TITLE	AF	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, OWEN	4.2 NAME	
STREET ADDRESS	150 W. FLAGLER ST. #2200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or in an affidavit with an address.

SIGNATURE: *[Signature]* **OWEN S. FREED**
[Signature] **Attorney at Law**