

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 850344 (3)  
1. Corporation Name  
EHDEN N.V.



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

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/04/1981  
3a. Date of Last Report: 04/14/1995  
4. FEI Number: 98-0049908  
5. Certificate of Status Desired:  Not Applicable,  \$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. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FREED, OWEN S, 2200 MUSEUM TOWER, 150 W. FLAGLER ST., MIAMI FL 33130

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL 85).

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, 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 607.0601, Florida Statutes.

SIGNATURE: [Signature] OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	FRANGIEH-SAYEGH, MICHEL	<input type="checkbox"/> DELETE
NAME:	CALLE LUIS ROCHE NO. 30	
STREET ADDRESS:	CARACAS VENEZUELA	
CITY- ST- ZIP:		
TITLE: D	DE SAYEGH, YVONNE	<input type="checkbox"/> DELETE
NAME:	CALLE LUIS ROCHE NO. 30	
STREET ADDRESS:	CARACAS VENEZUELA	
CITY- ST- ZIP:		
TITLE: D	<del>OWEN S. FREED</del>	<input checked="" type="checkbox"/> CHANGE
NAME:	<del>DE ROYERVADE 00</del>	
STREET ADDRESS:	<del>CHATEAU LAURENCE</del>	
CITY- ST- ZIP:		
TITLE: AF	FREED, OWEN	<input type="checkbox"/> DELETE
NAME:	150 W. FLAGLER ST. #2200	
STREET ADDRESS:	MIAMI FL	
CITY- ST- ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY- ST- ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY- ST- ZIP:		

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Change Addition  
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14. I do hereby certify that the information supplied in this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.071(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 trustee, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or in an adjacent thereto, as an address.

SIGNATURE: [Signature] OWEN S. FREED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/1/96 789-3458

CR2E034 (12/95)