SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **821755** **(6)**

1. Corporation Name
INDEVCO MANAGEMENT CORPORATION N.V.

Principal Place of Business	Mailing Address
10305 SW 26TH TERR MIAMI FL 33165	10305 SW 26TH TERR MIAMI FL 33165

3. Date Incorporated or Qualified: **08/20/1968**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **59-1217470** ☐ 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

WILKOV, LAWRENCE
4510 FILMORE STREET
HOLLYWOOD FL 33012

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) (DATE: Registered Agent signature required when mandated.) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MACKAY, ALEXANDER		12 NAME	
STREET ADDRESS	311 LYTTON BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CANADA		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, PAUL F		22 NAME	
STREET ADDRESS	SHIRLEY STREET AND VICTORIA AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WEBB, DONALD		32 NAME	
STREET ADDRESS	23 COUNTRY LANE		33 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT CAN		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WILKOV, LAWRENCE		42 NAME	
STREET ADDRESS	4410 FILMORE STREET		43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		44 CITY-ST-ZIP	
TITLE	T	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	ALMIRALL, JORGE C		52 NAME	
STREET ADDRESS	10305 S W 26 TERRACE		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Almirall JORGE C. ALMIRALL 7/17/96
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #