

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 833125 (8)

1. Corporation Name

BALA INVESTMENTS N.V.

Principal Place of Business

C/O CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131-4332

Mailing Address

C/O CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131-4332



3. Date Incorporated or Qualified

10/03/1974

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1555612

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

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 15TH FLOOR
MIAMI FL 33131

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 the name of the corporation) (NOTE: Registered Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOHOROS, MOISES
STREET ADDRESS % 201 S BISCAYNE 16TH FL
CITY-STATE-ZIP MIAMI FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE STD
NAME YOHOROS, DAVID M.
STREET ADDRESS % 201 S BISCAYNE 16TH FL
CITY-STATE-ZIP MIAMI FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
NAME YOHOROS, RICHARD M.
STREET ADDRESS % 201 S BISCAYNE 16TH FL
CITY-STATE-ZIP MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
NAME BEHEERSKANTOR, LEX
STREET ADDRESS PIETERMAAI 23
CITY-STATE-ZIP CURACAO, NETH, ANTIL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE AS
NAME SHERMAN, LILLIAN
STREET ADDRESS 4155 SW 67TH AVE, #101-B
CITY-STATE-ZIP DAVIE FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96

954-584-2865

Display Phone #

CR2E034 (12/95)