

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 843749 (3)

1. Corporation Name

SHERLON INVESTMENTS CORP., N.V.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:00

Principal Place of Business

633 N.W. EIGHT AVENUE
GAINESVILLE FL 32601

Mailing Address

633 N.W. EIGHT AVENUE
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/23/1979

3a. Date of Last Report

03/22/1994

4. FEI Number

98-0039621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I, JR
MERIDIEN CENTRE, SUITE C
2700 N.W. 43RD ST
GAINESVILLE FL 32606

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 of Agent or Person in Charge of Registered Agent and 15% of stockholders

Signature of Registered Agent (signature required when transferring)

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY-ST-ZIP

MD
CURACAO CORP COMPANY
DERUTERKADE 62
CURACAO, N.A.

12.2

NAME

STREET ADDRESS

CITY-ST-ZIP

MD
NG, LU SIONG
24 PECK SEAH ST #08-01
SINGAPORE

12.3

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6

NAME

STREET ADDRESS

CITY-ST-ZIP

12.7

NAME

STREET ADDRESS

CITY-ST-ZIP

12.8

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Date

(Signature Printed)

NG, LU SIONG

March 8, 1995

305-358-9507