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95 JUN 15 PM 2:30

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 843802
1. Corporation Name
N.V. POMEROY CORPORATION

Principal Place of Business Mailing Address
Schottegatweg-Oost
Salinja
P.O. Box 3141
Curacao, Netherlands Antilles

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o JBZ
21 Shuttts & Bowen
Suite, Apt. #, etc.
22 201 S. Biscayne Blvd. #1600
City & State
23 Miami, FL
Zip
24 33131
Country
25 USA

2a. Mailing Address c/o JBZ
26 Shuttts & Bowen
Suite, Apt. #, etc.
27 201 S. Biscayne Blvd. #1600
City & State
28 Miami, FL
Zip
29 33131
Country
30 USA

3. Date Incorporated or Qualified 7/27/79
3a. Date of Last Report 11/10/94
4. FEI Number 59-1931082
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Diane L. Hoffer
3320 S.W. 62nd Place
Miami, FL 33143

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Hoffer, Harold
STREET ADDRESS	West Bay Street
CITY - ST - ZIP	Nassau, Bahamas
TITLE	D
NAME	Antilliaanse, N-V-
STREET ADDRESS	Schottegatweg-Oost
CITY - ST - ZIP	Curacao, Netherlands
TITLE	S/AT
NAME	Hoffer, Diane L.
STREET ADDRESS	8320 S.W. 62nd Place
CITY - ST - ZIP	Miami, FL 33143
TITLE	AS/T
NAME	Hoffer, Aileen
STREET ADDRESS	4750-S-W--62nd-Place-
CITY - ST - ZIP	Miami, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	Hoffer & Sons, West Bay Street
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	AMACO (Curacao) N.V.
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	300001517183
34 CITY - ST - ZIP	-06/20/95--01038--023
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	5753 S.W. 83rd Street
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 or changed, or in an attachment with an address.

SIGNATURE:  Harold Hoffer, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime if possible)