

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # 843802 (0)

1. Corporation Name
N.V. POMEROY CORPORATION

Principal Place of Business: **C/O JBZ SHUTTS & BOWEN 201 S. BISCAYNE BLVD. # 1600 MIAMI FL 33131**

Mailing Address: **C/O JBZ SHUTTS & BOWEN 201 S. BISCAYNE BLVD. # 1600 MIAMI FL 33131**



21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 07/27/1979	3a. Date of Last Report 06/15/1995
4. FEI Number 59-1931082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOFFER, DIANE L
8320 SW 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(1) & 607.06(2), 1995 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 607.06(2), Florida Statute.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFER, HAROLD	
STREET ADDRESS	HOFFER & SONS W. BAY ST.	
CITY-STATE-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMACO, N V	
STREET ADDRESS	SCHOTTEGATWEG-OOST	
CITY-STATE-ZIP	CURACAO, NETHERLANDS	
TITLE	SAT	<input type="checkbox"/> DELETE
NAME	HOFFER, DIANE L	
STREET ADDRESS	8320 S.W. 62ND PLACE	
CITY-STATE-ZIP	MIAMI FL 33143	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	HOFFER, AILEEN	
STREET ADDRESS	5753 S.W. 83RD. ST.	
CITY-STATE-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 NAME	
26 STREET ADDRESS	
27 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 sole or principal business employees; that I provide the correct e-mail required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE L. HOFFER

3/25/96. (305) 666-1566.
Date Filed #

CR2E034 (12/95)