FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

TAMANA CORPORATION N.V.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				1 100101 10111 BIRDA 11101 SATA (811 BIRDI
C/O PETER F. DEGAETANO. ESO. 488 MADISON AVE 5TH FL NEW YORK NY 10022			C/O PETER FR. DEGAETANO, ESQ. 488 MADISON AVE., 5TH FLOOR NEW YORK NY 10022				DO NOT WRITE IN THIS SPACE
US			U\$				3. Date Incorporated or Qualified 10/18/1979
2. Principal F	Place of Business	2a	. Mailing Address				4. FEI Number Applied For
21		26					13-3003031 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					Fee Required
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Zip	Cour	- hr. 1		Trust Fund Contribution Added to Fees
24	25	29	zip	<u>├</u>	ility		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curre		tered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CI	CORPORATION SYSTEM				81	Name	
	00 S. PINE ISLAND ROAD			-			
	ANTATION FL 33324				82	Street /	t Address (P.O. Box Number is Not Acceptable)
'-				-	83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 6	07.1508, Florida Statu	ites, the ab	ove	-named	d corporation submits this statement for the purpose of changing its registered
l onice or i	registered agent, or both, in the State im f a miliar with, an d a ccept the oblig	OF FIOR	da. Such change was	authorized	D٧	the corr	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		,	,	Torrest Dittie			
	Signature, typed or printed name of registored ag	ent and litte	if applicable (NO	TL Registereo	Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1,1 1(1)	LE		☐ Change ☐ Addition
NAME	CARIBBEAN MGTS CO			1.2 NA		-	
STREET ADDRESS	6, JOHN B. GORSIRAWEG			1.3 STF	REFT	ADDRESS	
CITY-ST-ZIP TITLE	CURACOA, N.A.		DELETE	1.4 CIT		I - ZIP	
			L. J DELETE	2 1 1111		- }	Change Addition
NAME Street address	DEGAETANO, GEORGE A. 488 MADISON AVE 5TH FLO	ınd.		2 2 NA			
	N.Y. NY	UN				ADDRESS	
CITY-ST-ZIP TITLE	DP	DELETE	2. 4 CITY - 1 3.1 TITLE		I - ZIP	Change Addition	
NAME	DEGAETANO, PETER F.			1	3.2 NAME		Change D Addition
STREET ADDRESS	488 MADISON AVE., 5TH FL	_				ADDRESS	
CITY-ST-ZIP	N.Y. NY	-		3.4. CIT		ľ	
TITLE			DELETE	3.4. GII 4.1 TITL		1 - 611	Change Addition
NAME				4. 2 NA			
STREET ADDRESS						ADDRESS	
CITY+ST-ZIP				4.4 C(T)		i	
TITLE			☐ DELET e	5.1 TiTL			Change Addition
NAME				5.2 NAN	ΛE		
STREET ADDRESS				5.3 STR	EE1 #	address	
CITY-ST-ZIP	V9			5.4 C(T)	/- ST	- ZIP	'
TETLE			☐ DELETE	6.1 TI1L	E		Change Addition
NAME				6.2 NAM	4E		
STREET ADDRESS				6.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			· - ··· ·	6.4 CHY	· ST	-ZIP	
44 Iboroby o	artifut that the information our phodus	ith this fi	كالكام بمامينا المصياف ماميما	46	5		- H :- C - F 140 07(0)(0) F() O O

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an impowered to execute this report as required by Chapter 607, Florida Statutus; and that my name appears in indicated on this annual report of supplemental armual report officer or director of the corporation or the receiver or trivetor Block 12 or Block 13 if changed, by on an attachment with a