FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845100** **(7)**

1. Corporation Name
LANGDALE COMPANY N.V.

Principal Place of Business
2 SOUTH BISCAYNE BLVD #3400
MIAMI FL 33131

Mailing Address
250 ATALOLNIA AVE.
STE. #305
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 *250 Catalonia Ave*
Suite Apt # etc.
22 *Suite 305*
City & State
23 *Coral Gables, Fl*
24 *33134* 25 *USA*

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
29 30

4. FEI Number
59-2057834
☐ 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 only the authority to issue shares as listed in Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

AVILA, ALCIDES I.
2 SOUTH BISCAYNE BLVD #3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: *Tom Chialastri*
82 Street Address (P.O. Box Number is Not Acceptable): *250 Catalonia Ave. Suite 305*
83
84 City: *Coral Gables* FL 85 Zip Code: *33134*

11. Pursuant to the provisions of Section 607.0505 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: *Tom Chialastri* *4-30-95*
(Attach additional pages, if necessary.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS FOR 1995	
20	D	60	☐ Change ☐ Addition
NAME	CURACAO IN. TRUST CO,N.V	61 NAME	
STREET ADDRESS	DE RUYTERKADE 62	62 STREET ADDRESS	
CITY, ST, ZIP	CURACAO, NETH. ANTIL	63 CITY, ST, ZIP	
20	D	60	☐ Change ☐ Addition
NAME	SMITH, ROSA RIVERA DE	61 NAME	
STREET ADDRESS	AV. DE LA PAZ 508	62 STREET ADDRESS	
CITY, ST, ZIP	TEGUCIGALPA,HONDURAS	63 CITY, ST, ZIP	
		Director	☐ Change ☑ Addition
NAME		*Weidenbaum, Jaclyn C.*	
STREET ADDRESS		*250 Catalonia Ave.*	
CITY, ST, ZIP		*Coral Gables, Fl 33134*	
			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

14. I/We hereby certify that the information supplied with this report is true and accurate and that, for electronic filing, 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 above, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (Required)

D27947 FP