

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **845100** (7)  
1. Corporation Name  
**LANGDALE COMPANY N.V.**



Principal Place of Business: **250 CATALONIA AVE STE 305 CORAL GABLES FL 33134 US**  
Mailing Address: **250 ATALONIA AVE. STE. #305 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **01/29/1980** 3a. Date of Last Report: **05/01/1995**  
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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**TOM CHIALASTRI  
250 CATALONIA AVE STE 305  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature based on position of registered agent and not on Part 14) (NOTE: Registered Agent signature required when recording)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CURACAO IN. TRUST CO. N.V</b>	
STREET ADDRESS	<b>DE RUYTERKADE 62</b>	
CITY- ST- ZIP	<b>CURACAO, NETH. ANTIL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ROSA RIVERA DE</b>	
STREET ADDRESS	<b>AV. DE LA PAZ 508</b>	
CITY- ST- ZIP	<b>TEGUCIGALPA, HONDURAS</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WEIDENBAUM, JACLYN C</b>	
STREET ADDRESS	<b>250 CATALONIA AVE</b>	
CITY- ST- ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Chialastri* 4-30-96 305-441-0040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THOMAS CHIALASTRI AGENT FOR RECORDS**

CR2E034 (12/95)