

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 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 607.0502 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

Signature of Registered Agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CURACAO IN. TRUST CO. N.V.
STREET ADDRESS DE RUYTERKADE 62
CITY- ST- ZIP CURACAO, NETH. ANTIL

DELETE

TITLE D
NAME SMITH, ROSA RIVERA DE
STREET ADDRESS AV. DE LA PAZ 508
CITY- ST- ZIP TEGUCIGALPA, HONDURAS

DELETE

TITLE D
NAME WEIDENBAUM, JACLYN C
STREET ADDRESS 250 CATALONIA AVE
CITY- ST- ZIP CORAL GABLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

Change Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY- ST- ZIP

Change Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY- ST- ZIP

Change Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY- ST- ZIP

Change Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY- ST- ZIP

Change Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY- ST- ZIP

Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS CHIALASTRI AGENT FOR RECORDS

4-30-96

Date

305-441-0040

Daytime Phone #

CR2E034 (12/95)