

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 845100

1. Entity Name  
LANGDALE COMPANY N.V.



FILED

04 APR 30 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% TRIZEL REAL ESTATE  
250 CATALONIA AVE., #305  
CORAL GABLES, FL 33134 US

Mailing Address

% TRIZEL REAL ESTATE  
250 CATALONIA AVE., #305  
CORAL GABLES, FL 33134 US

2. Principal Place of Business

% Holland & Knight LLP

Suite, Apt. #, etc.  
701 Brickell Ave S3000

City & State  
Miami, Florida

Zip  
33131

Country  
USA

3. Mailing Address

% Holland & Knight LLP

Suite, Apt. #, etc.  
701 Brickell Ave S3000

City & State  
Miami, Florida

Zip  
33131

Country  
USA



04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2057834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIALASTRI, TOM  
250 CATALONIA AVENUE, #305  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave, Suite 3000

City  
Miami

FL

Zip Code  
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, ROSA RIVERA DE  
2100 S. BAYSHORE DRIVE  
COCONUT GROVE, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200035551312  
05/06/04--01009--013 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa R. de Muth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

Daytime Phone #