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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 845156

(9)

SAATNAM CORPORATION N.V.								
Principal Place of Business Mailing Address						1300401 13054 GIORN ALLO 19400 ASIN ANN O	ANDER STRAF BESTE STREE GESTE	
(AMLACHETAN VASANDAN) (URIGAWED 11		AURIGAWE	KAMLACHETAN VASANDANI AURIGAWED 11 CURACAO.NETHERLANDS ANTILLES 12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			And the second second		i
URAGAO.NETH	erlands antilles	COMONO	COUNCACHEDENIANDO PARTICIONAL DE LA CONTRACTION			3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last 02/27/1996	Report
2. Principal Pa	ace of Business	2a. Mailir	ng Address			4. FEI Number	 	Applied For
ī]		26				59-2043498		Not Applicable
Suite, Apt.	#, etc.	├	, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
2		27 City 8	& State			6. Election Campaign Financing	·····	·
— City & Stat∈ ⊐	9	28	u Diate	!		Trust Fund Contribution		May Be
Z _i p	Country	Zip		Country	y	8. This corporation has liability for it		
4	25	29		30			Yes 🗌 No	, , , , ,
11	9. Name and Address of Cu	urrent Registered	Agent			10. Name and Address of New Re	glatered Agent	
CHA	TANI,SHEVAK			81	Name			
350 l	LINCOLN ROAD #315			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	II BEACH FL 33139			 				
				83	· .			
				84	City		85 Zij	o Code
							FL 83 21	
11. Pursuant office or r	to the provisions of Sections 60, registered agont, or both, in the	7.0502 and 607.15 State of Florida, Su	uch change wa	s authorized b	y the corpora	tion's board of directors. I hereby accep	v rue abbournaeur s	
	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of register	red agent and title if applic	cable (N	OTE: Registed Ag		red when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of register OFFICER		cable (N	OTE: Registed Ag			DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of regisser OFFICER	eed agent and title if appli S AND DIRECTOR	cable (N	OTE: Registed Ag		red when reinstating)	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typical or printed native of regisce OFFICER VST YVASANDANI,KAMLA CHE	eed agent and title if appli S AND DIRECTOR	cable (N	OTE. Registed Ag 15 1 TILE 1.2AME		red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typicd or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11	eed agent and title if appli S AND DIRECTOR	cable (N	OTE. Registed Ag 15 1 TILE 1.2AME	ent signature requi	red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SI-ZIP	Signature, typed or printed name of register OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V.	eed agent and title if appli S AND DIRECTOR	cable (N	OTE Registed Ag 12 1 TILE 1 2AME 1.3TREE	ent signature requi	red when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. THEE NAME STREEL ADDRESS CITY-SI-ZIP THEE	Signature, typicd or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S	eed agent and title if appli S AND DIRECTOR	catolo (N IS DELETE	OTE. Registed Ag	ent signature requi	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TILLE NAME STREED ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of register OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V.	eed agent and title if appli S AND DIRECTOR	catolo (N IS DELETE	1 17LE 1 2AME 1 17Y- 2 3THE 2 3AME	ent signature requi	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREE ADDRESS CHY-SI-ZIP TITLE NAME STREEI ADDRESS	Signature, typicd or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN	eed agent and title if appli S AND DIRECTOR	CABDIC (N S) DELETE	1 TILE 1.2AME 1.TITLE 1.4TY- 2.TILE 2.4AME 2.TREE	I ADDRESS T ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-SI-ZIP TITLE NAME STREEL ADDRESS CHY-SI-ZIP	Signature, typical or printed natine of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315	eed agent and title if appli S AND DIRECTOR	catolo (N IS DELETE	OTE Registed Ag 1	I ADDRESS T ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREE ADDRESS CHY-SI-ZIP TITLE NAME STREEI ADDRESS	Signature, typical or printed natine of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315	eed agent and title if appli S AND DIRECTOR	CABDIC (N S) DELETE	OTE Registed Ag 1 1 TILE 1 2AME 1 STREE 1 4TY- 2 STILE 2 SAME 2 STREE 2 STY- 3 TILE 3 AME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. THLE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREEL ADDRESS CITY-SI-ZIP THLE	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CABDIC (N S) DELETE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CBOIC (N S DELETE DELETE	1 1 TILE 1 2AME 1 TILE 1 2TILE 2 TILE 2 TILE 2 TILE 2 TILE 3 TILE 3 AME 3 TREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CABDIC (N S) DELETE	OTE Registed Ag 11 1 TILE 1 2AME 1 STREE 1 4TY- 2 STLE 2 SAME 2 STREE 2 STY- 3 TLE 3 AME 3 STREE 3 STY- 4 SLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, tyricd or printed native of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CBOIC (N S DELETE DELETE	OTE Regissed Ag 11 1 TILE 1 2AME 1.STREE 1.4TY- 2.TILE 2.AME 2.TREE 2.TY- 3 TLE 3.AME 3.TREE 3.TY- 4.TLE 4.AME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS	red when reinstating)	DATE CERS AND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-SI-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	Signature, tyricd or printed native of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CBOIC (N S DELETE DELETE	OTE Registed Ag 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-SI-ZIP	Signature, tyricd or printed native of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	CBOIC (N S DELETE DELETE	OTE Regissed Ag 11 1 TILE 1 2AME 1.STREE 1.4TY- 2.TILE 2.AME 2.TREE 2.TY- 3 TLE 3.AME 3.TREE 3.TY- 4.TLE 4.AME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, tyricd or printed native of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 1 1 TILE 1 2AME 1 TILE 2 TILE 2 TILE 2 TILE 2 TILE 3 TILE 3 TILE 4 AME 4 TILE 4 TI	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 1 11LE 1 2AME 1 3THE 2 3AME 2 3THE 3 AME 3 3THE 3 AME 4 AME 4 AME 4 THE 5 SHE	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 1 11LE 1 2AME 1 3TREE 2 3TLE 2 3AME 2 3TREE 3 AME 3 4 5 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	IT ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 11 1 TILE 1 2AME 1 .STREE 1 .4TY- 2 .TILE 2 .AME 2 .TREE 2 .TREE 3 .ATY- 3 T.LF 3 .AME 4 .REE 4 .AME 4 .FREE 5 .ME 5 .ME 6 .REE 5 .ME 6 .REE	IT ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 11 1 TITE 1 2AME 1 STREE 1 ATY- 2 STREE 2 STREE 3 ATY- 3 TLF 3 AME 4 AME 4 AME 4 SPEE 5 SPEE 5 SPEE 6 ME 6 ME	I ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, tyried or printed name of regisce OFFICER VST YVASANDANI,KAMLA CHE AURIGAWEG 11 CURACAO,N.V. S CHATANI,CHETAN 350 LINCOLN RD.#315 MIAMI FL	eed agent and title if appli S AND DIRECTOR	DELETE DELETE DELETE	OTE Registed Ag 11 1 TILE 1 2AME 1 .STREE 1 .4TY- 2 .TILE 2 .AME 2 .TREE 2 .TY- 3 T.LE 3 .AME 3 .TREE 4 .AME 4 .AME 4 .TY- 5 .LE 5 .ME 6 .REE 6 .ME 6 .AEE	IT ADDRESS ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

5.

FILED

Feb 12 1997 8:00am

Secretary of State