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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-29-1999 90101 022 ***150.00

7. Corporation	MENT # 845228 NAME ILAR INVESTMENTS INC. N	. V.					
Dringing Class	of Pusinosa	Mailing Address				018 14 01031 01011 01	, D(); T1411 1601
Principal Place of Business 6 JOHN B. GORSIRAWEG CURACOA.NETHERLANDS ANTILLES		% WAYNE L. RAUCH 871 E. COMMERCIAL BLVD FT. LAUDERDALE FL 33334		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualifed 02/13/1980		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	goe of Basilleon	26		59-1954949	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Red		
City & State	9	City & State		<u> </u>	6. Election Campaign Financing	\$5.00 i	
23		28	Causata		Trust Fund Contribution	Added to	Pees
Zip	Country 25	Zip	Country 30	,	 This corporation owes the current year In Personal Property Tax. 		□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	l Agent	
	=		81	Name			
RAUCH, WAYNE L			82	Stroot Ado	dress (P.O. Box Number is Not Acceptable)		
871 E. COMMERCIAL BLVD			02	Street Add	diasa (1.6. Box (10))		
FT. L	AUDERDALE FL 33308		83				
	•		84	City	Fi	85 Zip C	ode
COT OFFICE AND COT AFOR Florida Chables the				e pamed cor	reporation submits this statement for the numose of	of changing its	registered
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, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1,1 TITLE		·	☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CURACAO, N.A.			ST-ZIP		☐ Change	Addition
TITLE	M	☐ DELETE	2.1 TITLE			Change	[] Addition
NAME	INCOM, WATTLE LIGIONALDS		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			ļ
CITY+ST+ZIP	FT. LAUDERDALE FL	. LAUDERDALE FL 2.40		51-ZIP	The second secon	Change	Addition
NAME	RAUCH, RANDALL A.		3.2 NAME	İ		•	Ì
STREET ADDRESS	871 E COMMERCIAL BLVD		ı	T ADDRESS			\
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			Addition
TITLE		☐ DELETE	5.1 TITLE]		☐ Change	☐ Addition
NAME			5.2 NAME	T ADDDESS			
STREET ADDRESS			5.4 CITY-1	T ADDRESS	• •		
CITY-ST-ZIP			6.1 TITLE			☐ Change	Addition
TITLE			6.2 NAME	1			
NAME STREET ADDRESS				T ADDRESS			}
O LUCC I MUURESS	1		_	1			

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: