

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **846558** (5)

1. Corporation Name

SHOPPYLAND ENTERPRISES N.V., INC.

Principal Place of Business

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1980

4. FEI Number

59-2087143

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2300 CORAL WAY

26 2300 CORAL WAY

Suite, Apt. #, etc.
22 SUITE # 200

Suite, Apt. #, etc.
27 SUITE # 200

City & State
23 MIAMI FLORIDA

City & State
28 MIAMI FLORIDA

Zip
24 33145

Country
25 US.

Zip
29 33145

Country
30 US.

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

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 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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

AMADA CANTERA LOPEZ./PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD VALDES, NICOLAS A
STREET ADDRESS
8050 N.W. 8 ST. APT 207
CITY-ST-ZIP
MIAMI FL 33126

TITLE ☐ DELETE

NAME
VD VALDES, NICOLAS A
STREET ADDRESS
8050 N.W. 8 ST. APT 207
CITY-ST-ZIP
MIAMI FL 33126

TITLE ☐ DELETE

NAME
AS LOPEZ-CANTERA, AMADA
STREET ADDRESS
2300 CORAL WAY
CITY-ST-ZIP
MIAMI FL 33145

TITLE ☐ DELETE

NAME
S LOPEZ-AGUIAR, CARLOS C
STREET ADDRESS
2300 CORAL WAY SUITE 100
CITY-ST-ZIP
MIAMI FL 33145

TITLE ☐ DELETE

NAME
D ARUBA MANAGEMENT CO., NV
STREET ADDRESS
LLOYD G. SMITH BLVD. 66
CITY-ST-ZIP
ORANJESTAD, ARUBA, NA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

900002475889--9

-04/01/98--01092--016

*****150.00 ***150.00**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE

3/3/98

APPROVED
AND
FILED

98 MAR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)