


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 847775 (4) 1. Corporation Name GAZAS N.V., INC.			
Principal Place of Business 14901 QUORUM DR., #585 DALLAS TX 75240		Mailing Address 14901 QUORUM DR., #585 DALLAS TX 75240	
2. Principal Place of Business 21 Agua Buenas Ave. 1017 Suite, Apt. #, etc. 22 Suite 2 City & State 23 Bayamon, PR Zip 24 00959 Country 25 USA		2a. Mailing Address 26 Agua Buenas Ave. 1017 Suite, Apt. #, etc. 27 Suite 2 City & State 28 Bayamon, PR Zip 29 00959 Country 30 USA	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ZEEVI, GAD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agua Buenas Ave. 1017	1.2 NAME	
STREET ADDRESS	14901 QUORUM DR., #585 Suite 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240 Bayamon, PR 00959	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEEVI, RAM	2.2 NAME	
STREET ADDRESS	Agua Buenas Ave. 1017	2.3 STREET ADDRESS	
CITY-ST-ZIP	14901 QUORUM DR., #585 Suite 2	2.4 CITY-ST-ZIP	
	DALLAS TX 75240 Bayamon, PR 00959		
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURACAO CORP. COMPANY N.V.	3.2 NAME	
STREET ADDRESS	HANDELSKADE 8, P.O. BOX 812 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO, NETH ANTILLE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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: _____		SIGNATURE REQUIRED	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1980	3a. Date of Last Report 10/21/1996
4. FEI Number 59-2168751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

CR2E034 (4/97)