

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

*** PROFIT CORPORATION ANNUAL REPORT 1996**



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

23 SEP 13 PM 3:02

DOCUMENT # 848439 (6)

1. Corporation Name

SOPRAL N.V. INC.



Principal Place of Business: **% SQUIRE, SANDERS & DEMPSEY 201 S.BISCAYNE BLVD., 3000 MIAMI CENTER MIAMI FL 33131**

Mailing Address: **% SQUIRE, SANDERS & DEMPSEY 201 S.BISCAYNE BLVD., 3000 MIAMI CENTER MIAMI FL 33131**

3. Date Incorporated or Qualified: **03/10/1981**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-2162014**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 c/o Aballi, Milne, etc. Suite, Apt. #, etc. 22 One S.E. 3rd Ave., #1980 City & State 23 Miami, Florida**

2a. Mailing Address: **26 c/o Aballi, Milne, etc. Suite, Apt. #, etc. 27 One S.E. 3rd Ave., #1980 City & State 28 Miami, Florida**

24 Zip: **33131** Country: **USA** 29 Zip: **33131** Country: **USA**

9. Name and Address of Current Registered Agent: **AMKGS REGISTERED AGENTS INC 1980 SUNBANK INT'L CTR ONE SE THIRD AVE MIAMI FL 33131**

10. Name and Address of New Registered Agent: **81 Name 82 Street Address (PO Box Number is Not Acceptable) 83 84 City 85 Zip Code FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBUL, EUGENE	1.2 NAME	TAMARA BARBUL
STREET ADDRESS	RES. DES ORZIERES NR 316	1.3 STREET ADDRESS	Residence des Orzienes 316, CH-3962
CITY-ST-ZIP	MONTANA, SWITZERLAND	1.4 CITY-ST-ZIP	Montana-Crans, Switzerland
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURACAO, INTL TRUST CO	2.2 NAME	
STREET ADDRESS	HANDELSKADE 8 PO BOX 812	2.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO, NETH ANTILL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABALLI, ARTURO JR.	3.2 NAME	ABALLI, ARTURO JR.
STREET ADDRESS	100 CHOPIN PLAZA #3000	3.3 STREET ADDRESS	One S.E. Third Ave., Suite 1980
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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******225.00 ****225.00**

As of 9/17-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **9/11/96** **365/372-5920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ARTURO J. ABALLI JR., SECRETARY**

CR2E034 (3/96)