

**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 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 2a. Mailing Address
21 c/o Aballi, Milne, etc. 26 c/o Aballi, Milne, etc.
22 One S.E. 3rd Ave., #1980 27 One S.E. 3rd Ave., #1980
23 Miami, Florida 28 Miami, Florida
24 33131 25 USA 29 33131 30 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 Signature typed or printed name of registered agent and title if applicable (If 9/27, Registered Agent's Signature required when Form 3412g) 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	<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	

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-10/01/96-01120-002
****225.00 ****225.00

As of 9/12-96

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: *Arturo J. Aballi Jr.* 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)