

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

FILED
Apr 24 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 # 848439

(6)

1. Corporation Name
SOPRAL N.V. INC.

Principal Place of Business
C/O ABALLI, MILNE, ETC.
ONE S.E. 3RD AVENUE, #1980
MIAMI FL 33131

Mailing Address
C/O ABALLI, MILNE, ETC.
ONE S.E. 3RD AVENUE, #1980
MIAMI FL 33131-1714



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1981	3a. Date of Last Report 09/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2162014	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMKGS REGISTERED AGENTS INC 1980 SUNBANK INT'L CTR ONE SE THIRD AVE MIAMI FL 33131		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	BARBUL, TAMARA	1.2 NAME	
CITY-ST-ZIP	RESIDENCE DE ORZIENES 316, CH-3982	1.3 STREET ADDRESS	
	MONTANA-CRANS, SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	D	2.2 NAME	
CITY-ST-ZIP	CURACAO, INTL TRUST CO	2.3 STREET ADDRESS	
	HANDELSKADE 8 PO BOX 812	2.4 CITY-ST-ZIP	
	CURACAO, NETH ANTILL	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ABALLI, ARTURO JR.	3.4 CITY-ST-ZIP	
	ONE S.E. THIRD AVE., SUITE 1980	4.1 TITLE	Change Addition
	MIAMI FL 33131	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	Change Addition
		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	Change Addition
		6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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 _____ BARBUL, TAMARA 04/14/1996

CR2E034 (9/96)