FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:49

DOCUMENT # **849333** **(0)**

1. Corporation Name
MIDWEST INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
650 WILMINGTON AVENUE SALT LAKE CITY UTAH 84106 US	650 WILMINGTON AVENUE SALT LAKE CITY UTAH 84106 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1981
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 87-0282300 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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 — FL — 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, REID S	1.2 NAME	
STREET ADDRESS	762 S 850 E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOUNTIFUL UT	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SUNDBLOM, RICHARD L	2.2 NAME	
STREET ADDRESS	4243 KING ARTHUR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. VALLEY UT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, KENNETH	3.2 NAME	
STREET ADDRESS	2363 E. OAKCREST LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, BRAD R	4.2 NAME	
STREET ADDRESS	2074 N. KINGSTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON UT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWNING, RANOY	5.2 NAME	
STREET ADDRESS	1085 N. 1200 E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOUNTIFUL UT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, JANICE	6.2 NAME	
STREET ADDRESS	762 S. 850 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOUNTIFUL UT	6.4 CITY-ST-ZIP	

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)(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: Richard L Sundblom Sec/Treas. 3-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:23

DOCUMENT # **849653** **(1)**

1. Corporation Name
ABN AMRO BANK N.V.

Principal Place of Business	Mailing Address
SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI FL 33131-5311	SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI FL 33131-5311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1981**
3a. Date of Last Report: **02/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **13-5268975** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOCH, PAUL
13305 SW 106 AVE
MIAMI FL 33176

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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	HAZELHOFF, R	12 NAME	KALFF, PJ	
STREET ADDRESS	NIEUW BUSSUMERGWEG 208	13 STREET ADDRESS	FOPPINGADREEF 22	
CITY ST ZIP	HUIZEN NETHERLAND 0	14 CITY ST ZIP	AMSTERDAM	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	VAN TETS, R.W.F.	22 NAME		
STREET ADDRESS	22 FOPPINGADREEF	23 STREET ADDRESS		
CITY ST ZIP	AMSTERDAM ZU	24 CITY ST ZIP		
TITLE	D	31 TITLE	D	☐ Change XX Addition
NAME	KALFF, P J	32 NAME	DRABBE, MJ	
STREET ADDRESS	GROOT HERTOGINNELAAN 32	33 STREET ADDRESS	FOPPINGADREEF 22	
CITY ST ZIP	BUSSUM NETHERLAND 0	34 CITY ST ZIP	AMSTERDAM	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DEBIEVRE, L.D.	42 NAME		
STREET ADDRESS	BACHLAAN 15	43 STREET ADDRESS		
CITY ST ZIP	HILVERSUM	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RIBOURDOUILLE, DRS.P.	52 NAME		
STREET ADDRESS	ZWARTEWEG 14	53 STREET ADDRESS		
CITY ST ZIP	AERDENHOUT, NETHERLAND	54 CITY ST ZIP		
TITLE	SVM	61 TITLE		☐ Change ☐ Addition
NAME	KOCH, PAUL	62 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD, 22ND FL	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is valid, duly furnished and 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 alteration.

SIGNATURE: _____ **2/24/95** **(305)372-1596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul Koch **Jorge Morey**