Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **849524**

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

FOREMOST INVESTMENTS N.V., INC.

FILED
Jun 07, 1999 8:00 am
Secretary of State
•
06-07-1999 90018 004 ***550 00



14 N.E. 1ST AVENUE 14 N.E. 1ST AVENUE SUITE 228 **SUITE 228** DO NOT WRITE IN THIS SPACE MIAM! FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualifed HS 06/24/1981 4 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 59-1988903 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOUMIET, JUAN P ESQ Street Address (P.O. Box Number is Not Acceptable) 82 1221 BRICKELL AVE 24TH FL 83 MIAMI FL 33131 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE Change 11 TITLE TITLE 12 NAME NAME MICORA N.V. J.B. GORSIRAWEG 6A 13 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CURACAO, N.A. CITY-ST-ZIP Change Addition TITLE □ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

I nereby certify that the information surplied with this filing does not challenged in 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 does not challenged 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 components or the receiver of trustee empreyed to exceed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ner like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98