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 FEB 22 AM 9: 54

DOCUMENT # 849904 (8)

1. Corporation Name
SPARTACUS LIMITED INCORPORATION

Principal Place of Business
PO BOX 857 (FORT ST)
GRAND CAYMAN, B W INDIES

Mailing Address
PO BOX 857 (FORT ST)
GRAND CAYMAN, B W INDIES

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1981
3a. Date of Last Report: 03/28/1994
4. FEI Number: 98-0048775 ☐ 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

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
FILLOY, JOSEPH M CPA
NEW WORLD TOWER, STE. 700
100 NORTH BISCAYNE BLVD.
MAIMI FL 33132

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
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADCOE, PIERS
STREET ADDRESS	P. O. BOX 857 G.T., N. CHURCH & FORT ST.
CITY-ST-ZIP	GRAND CAYMAN, BWI
TITLE	D
NAME	CAMPBELL, DONALD C
STREET ADDRESS	P. O. BOX N-4843, KING & GEORGE ST.
CITY-ST-ZIP	NASSAU BA
TITLE	~~R~~
NAME	~~XEDMANAGEMENT (CAYMAN) LTD~~
STREET ADDRESS	~~P. O. BOX 857 G.T., N. CHURCH & FORT ST~~
CITY-ST-ZIP	~~GRAND CAYMAN, BWI~~
TITLE	D
NAME	DYKES, GRAHM
STREET ADDRESS	P. O. BOX N-4843, KING & GEORGE ST.
CITY-ST-ZIP	NASSAU BA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	~~D~~	☐ Change ☐ Addition
2.2 NAME	~~[illegible]~~	
2.3 STREET ADDRESS	~~[illegible]~~	
2.4 CITY-ST-ZIP	~~[illegible]~~	
3.1 TITLE	~~D~~	☐ Change ☐ Addition
3.2 NAME	~~[illegible]~~	
3.3 STREET ADDRESS	~~[illegible]~~	
3.4 CITY-ST-ZIP	~~[illegible]~~	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] 5th February 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
D. CAMPBELL/G. DYKES

0403735 IN