## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

TEMAX CORPORATION N.V.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

## **FILED** Oct 01 1998 8:00am Secretary of State

Aug. 12, 1998

59994623700

Principal Plac	e of Business	Mailing Address			
28-PIETERMAA	•	3 L.B. SMITHPLEIN			
POST OFFICE		POST OFFICE BOX 6			
WILLEMSTAD		WILLEMSTAD CU			DO NOT WRITE IN THIS SPACE
l R2		US			3. Date Incorporated or Qualified
					08/17/1981
2. Principal Place of Business		2a. Malling Address			4. FEI Number Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		98-0048978   Not Applicable   \$8.75 Additional
[22]		27	7		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30Yes No
9, Name and Address of Curren		t Registered Agent	*		10. Name and Address of New Registered Agent
	OB, JAMES C	_	)"	Name	
	JAMES JACOB & COMPANY, IN	C.	82 Street		Address (P.O. Box Number is Not Acceptable)
	) W. PLATT ST., APT. 204	83			
TAMPA FL 33806				3	
			[6	4 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					
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN	······	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AIF	LJ DELETE	1.1 TITL	- 1	Change Addition
NAME	DEBAETS, MARIJN MOOERSTRAAT 37		1.2 NAM		
STREET ADDRESS  CITY-ST-ZIP	9970 KAPRIJKE		1.3 STRE	ET ADDRESS	·
TITLE	MD	DELETE	2.1 TITL		Change Addition
NAME	CARROLLE ACPUTA MILL		2 2 NAM	- 1	Change Addition
STREET ADDRESS	3, L.B. SMITHPLEIN			ET ADDRESS	
CITY-ST-ZIP	CURACAO, NETHERLANDS	24 CiTY-S		í	
TITLE	D	DELETE	3.1 T(TL)		Change Addition
NAME	1400D 1411E0 0		3.2 NAM	: (	
STREET ADDRESS	s 1200 W. PLATT ST., #204		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		3 4 CITY	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAM	.	
STREET ADDRESS			4.3 STRE	E1 ADDRESS	·
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	L.J Ditteri		5.1 TITLI	i i	Change Addition
NAME			5.2 NAM		·
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE 6.1 TI			Change Addition
NAME CYDEET ADDRESS		0	6.2 NAM	į.	
STREET ADDRESS		//		ET ADDRESS	
CITY-ST-ZIP	erlify that the information supplied will	this tiling does not qualify for	6.4 CiTY	stated in	section 119 07(3)(i) Florida Statutes   further certify that the information
14. I hereby certify that the information supplied wild 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 agricult report is true and pacurate 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 further exemptowered 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.					