FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 MAY -1 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850434 (2)

1. Corporation Name
WALDU INVESTMENTS N.V., INC.

Principal Place of Business	Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130	1036 S.W. 1 ST. MIAMI FL 33130

3. Date Incorporated or Qualified: 09/18/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2087182 ☐ 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 2300 CORAL WAY
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLORIDA
Zip 24 33145 Country 25 US.

2a. Mailing Address
26 2300 CORAL WAY
Suite, Apt. #, etc. 27
City & State 28 MIAMI FLORIDA
Zip 29 33145 Country 30 US.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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] AMADA CANTERA LOPEZ. PRES
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	HUTTERLI, WALTER
STREET ADDRESS	DISCOVERY POINT G.
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.
TITLE	EVD ☐ DELETE
NAME	VALDES, NICHOLAS ALDO
STREET ADDRESS	20 NW 50TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	ARUBA MANAGEMENT CO. NV
STREET ADDRESS	LLOYD G. SMITH BLVD. 66
CITY-ST-ZIP	ORANJESTAD, ARUBA,NA
TITLE	AS ☐ DELETE
NAME	RODRIGUEZ, AMADA C.
STREET ADDRESS	1036 SW 1ST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	STD ☐ DELETE
NAME	LOPEZ-CANTERA, AMADA
STREET ADDRESS	1036 S.W. 1 ST.
CITY-ST-ZIP	MIAMI FL 33130
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D.VALDES NICOLAS A. 8050 N.W. 8ST.STREET APT # 207 MIAMI FLORIDA 33126	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	E/V/D.VALDES NICOLAS ALDO 8050 N.W. 8st.STREET APT #207 MIAMI FLORIDA,33126	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	05/02/96 ...0003...018 ****200.00 ****200.00	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Lopez-Cantera, Amada	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	2300 Coral Way Ste 201 33145	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☒ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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] 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #