## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850434

NALDU INVESTMENTS N.V., INC.

(2)

I am an officer or director of the corporation appears in Block 12 or Block 13 if change

Mailing Address

2300 CORAL WAY

Principal Place of Business

2300 CORAL WAY

APPROVED AND FILED

97 APR 30 PM 2: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| MIAMI FL 33145           |   | MIAM: FL 33145-3511   |                               |                     |  |  |                        |
|--------------------------|---|---|-------------------------------|---------------------|--|--|------------------------|
|                          |   |   |                               |                     | 3. Date Incorporated or Qualified 09/18/1981   | 3a. Date of Last R<br>05/01/1996               | Report                 |
|                          | ace of Business   | 2a. Mailing Address   |                               |                     | 4. FEI Number  | \\rangle I                                     | oplied For             |
| <u> </u>                 | ORAL WAY  | 2300 CORAL WAY  |                               |                     | 59-2087182   |  | ot Applicable          |
| Suite, Apt. 4            |   | Suite, Apt. #, etc.   |                               |                     | 5. Certificate of Status Desired   |  | Additional             |
| 22 SUITE<br>City & State |   | 27 SUITE # 200<br>City & State                                  |                               |                     | <u> </u>   |  | equired                |
| 23 MIAMI                 | FLORIDA   | 28 MIAMI FLORIDA  |                               |                     | Election Campaign Financing     Trust Fund Contribution                                |  | May Be<br>to Fees      |
| Zip<br>33145             | Country<br>US   | <sup>Zip</sup> 33145  | Countr                        | S.                  | 8. This corporation has liability for i  | ntangible tax under s<br>Yes 🏻 No              | . 199.032,             |
|                          | 9. Name and Address of Current  | Registered Agent  |                               |                     | 10. Name and Address of New Re-  | istered Agent                                  |                        |
|                          | RIDA ANNUAL REPORT SERVICES   | SINC  | 81                            | Name                |  |  |                        |
| 2300                     | OCORAL WAY  |   | 82                            | Street Add          | ress (P.O. Box Number is Not Acceptab  | lo)  |                        |
| SUIT                     | E 200   |   |                               |                     |  |  |                        |
| MIAN                     | WI FL 33145   |   | 83                            |                     |  |  |                        |
|                          |   |   | 84                            | City                | 7174 (db   | FL 85 Zip                                      | Code                   |
| 11. Pursuant t           | to the provisions of Seguidas 607.0502  | and 607.150N/Florida Statute                                    | es, the abov                  | e-named core        | poration submits this statement for the p  |  | ts registered          |
| office or re             | egistered agent, or both, in the Statele  | Florida. Suoi charge was a                                      | authorized b                  | y the corpora       | poration submits this statement for the p<br>tion's board of directors. I hereby accep | t the appointment as                           | registered             |
| SIGNATURE                |   | AMAD.   | A CANT                        | ERA LOPI            | EZ.PRES  | 1/31/97  | /<br>                  |
| 12.                      | Signature, typed or phyted Minio of registered agent OFFICERS AND                     |   | Hagistered Ag                 | ent signature requi | red when reinstating) ADDITIONS/CHANGES TO OFFIC                                       | DATE   | DS IN 12               |
| TITLE                    | PD  | DELFTE  | 1,1 TILLE                     |                     | ADDITIONS/CHANGES TO OFFIC   | Change   | Addition               |
| NAME                     | VALDES, NICOLAS A   |   | 1.2 NAME                      |                     |  |  |                        |
| STREET ADDRESS           | 8050 N.W. 8 STREET APT 207  |   |                               | 1 ADDRESS           |  |  |                        |
| CITY-ST-ZIP              | MIAMI FL 33126  |   | 1,4 CITY-                     |                     |  |  |                        |
| TITLE                    | EVD   | DELETE  | 2.1 JOLE                      | 31-211              |  | Change   | Addition               |
| NAME                     | VALDES, NICOLAS A   |   | 2.2 NAME                      | }                   |  |  |                        |
| STREET ADDRESS           | 8050 N.W. 8 STREET APT 207  |   |                               | T ADDRESS           |  |  |                        |
| CITY-ST-ZIP              | MIAMI FL 33126  |   | 2.4 CITY                      | 1                   |  |  |                        |
| TITLE                    | D   | DELETE  | 3.1 1ITLE                     | 01-211              |  | ☐ Change                                       | Addition               |
| NAME                     | ARUBA MANAGEMENT CO. NV   | <del></del>   | 32 NAME                       | )                   | 2000021  | _ •  |                        |
| STREET ADDRESS           | LLOYD G. SMITH BLVD. 66   |   |                               | T ADDRESS           | 300 <b>0</b> 021<br>-05/02/  | 9701123  | ก24                    |
| CITY-ST-ZIP              | ORANJESTAD, ARUBA,NA  |   | 34 CilY-                      | 1                   | ####16   | 5.00 ****1                                     | คีรี กก                |
| TITLE                    | ASTD  | ☐ DELETE  | 4.1 TITLE                     | -                   |  | ☐ Change                                       | Addition               |
| NAME                     | LOPEZ-CANTERA, AMADA  |   | 4. 2 NAMS                     |                     |  |  |                        |
| STREET ADDRESS           | 2300 CORAL WAY SUITE 201  |   | 4.3 STREE                     | T ADDRESS           |  |  |                        |
| CITY-ST-ZIP              | MIAMI FL 33145  |   | 4,4 CITY -                    | ST - ZIP            | . (  | 1/1/20   |                        |
| TITLE                    |   | DELFTE  | 5.1 T(TLE                     |                     |  | Change   | Addition               |
| NAME                     |   |   | 5.2 NAME                      |                     | $\psi$   | , T  |                        |
| STREET ADDRESS           |   |   | 5.3 STREE                     | I ADDRESS           | J  |  |                        |
| CITY-ST-ZIP              |   |   | 5.4 CITY-                     |                     |  |  |                        |
| TITLE                    |   | DELETE  | 6171111                       |                     |  | ☐ Change                                       | ☐ Addition             |
| NAME                     |   |   | 62NAME                        |                     | •  |  |                        |
| STREET ADDRESS           |   |   | 6.3 \$1REE                    | 1 ADDRESS           |  |  |                        |
| CITY-ST-ZIP              |   |   | 6.4 CHY-                      | SI · ZJP            |  |  |                        |
| 14. I do hereb           | by certify that the information supplied  | with this filing does not qualit                                | fy for the ex                 | emotion state       | d in Section 19.07(3)(i), Florida Statute:   | 3. I further certify that                      | the                    |
| Intermation<br>Lam an of | n indicated on this annual report or su<br>ficer or director of the corporation or th | ppiemental annual report is ti<br>ne receiver of trustoe emplow | rue arro acc<br>rerext to exe | cute this repo      | t my signatur): shall have the same lega<br>rt as required by Chapter 607, Florida S   | i effect as it made un<br>latutes; and that my | iuer oatn; th:<br>name |