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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850434**

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

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1981

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 owes the corporate year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 Coral Way Suite, Apt. #, etc. 22 Suite # 200 City & State 23 Miami Florida Zip Country 24 33145 25	26 2300 Coral Way Suite, Apt. #, etc. 27 Suite # 200 City & State 28 Miami Florida Zip Country 29 33145 30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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 _____ AMADA CANTERA LOPEZ, President
Signature, type or print name of registered agent and title if applicable (NOT Required if Agent is a Corporation) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	VALDES, NICOLAS A		12 NAME	
STREET ADDRESS	8050 N.W. 8 STREET APT 207		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		14 CITY-ST-ZIP	
TITLE	EVD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	VALDES, NICOLAS A		22 NAME	
STREET ADDRESS	8050 N.W. 8 STREET APT 207		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	ARUBA MANAGEMENT CO. NV		32 NAME	
STREET ADDRESS	LLOYD G. SMITH BLVD. 66		33 STREET ADDRESS	
CITY-ST-ZIP	ORANJESTAD, ARUBA,NA		34 CITY-ST-ZIP	
TITLE	ASTD	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	LOPEZ-CANTERA, AMADA		42 NAME	
STREET ADDRESS	2300 CORAL WAY SUITE 201		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with 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 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, with all other like empowered.

SIGNATURE: _____ 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
NICOLAS A. VALDES, President

CR2E034 (11/98)