

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851716** (1)
1. Corporation Name
ADANA N.V.

Principal Place of Business 4995 N.W. 72ND AVE. SUITE 303 MIAMI FL 33166	Mailing Address 4995 N.W. 72ND AVE. SUITE 303 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/28/1982		4. FEI Number 59-2163321 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LERMA, GLORIA C 4995 NW 72 AVE SUITE 303 MIAMI FL 33166				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLERICO, FIDELE			1.2 NAME			
STREET ADDRESS	PH-11, 2655 LEJEUNE RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LERMA, GLORIA			2.2 NAME	LERMA, GLORIA		
STREET ADDRESS	PH-11, 2655 LEJEUNE RD			2.3 STREET ADDRESS	PH-11, 2655 LEJEUNE RD		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	CORAL GABLES FL. 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	CLERICO, CARLO			3.2 NAME			
STREET ADDRESS	PH-11, 2655 LEJEUNE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLERICO, GLACOMO			4.2 NAME			
STREET ADDRESS	PH-11, 2655 LEJEUNE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	ESPIN, GLADYS		
STREET ADDRESS				5.3 STREET ADDRESS	PH-11, 2655 LEJEUNE RD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/98** Daytime Phone # **594-2942**

CR2E034 (10/97)