

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852000

(9)

1. Corporation Name

PORTERDALE CORPORATION N.V.

Principal Place of Business

C/O WILLIAM P. MCCURRY, CPA
21301 POWERLINE ROAD, SUITE 204
BOCA RATON FL 33433

Mailing Address

C/O WILLIAM P. MCCURRY, CPA
21301 POWERLINE ROAD, SUITE 204
BOCA RATON FL 33433



3. Date Incorporated or Qualified

03/01/1982

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

4. FEI Number

59-2160219

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

10. Name and Address of New Registered Agent

MCCURRY, WILLIAM P.
21301 POWERLINE RD. STE 204
BOCA RATON FL 33433

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 607.05(1) 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 I accept the obligations of, Section 607.05(6), Florida Statutes.

SIGNATURE

(Signature of the person who is the registered agent for the corporation)

(Signature of the person who is the registered agent for the corporation)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

D
FIRST INDEPENDENT TRUST
7 ABRAHAM DE VEERSTRAAT
CURACAO, NETH. ANTILLE

☐ DELETE

13.

DIRECTOR
ESAU, JOSEPH P
7764 NW 44TH STREET
SUNRISE, FL 33321

☐ Change

☒ Addition

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY, ST, ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY, ST, ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY, ST, ZIP

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY, ST, ZIP

☐ Change

☒ Addition

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☐ Addition

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 Book 12 or Book 17 if changed, or in the attached list with an address.

SIGNATURE:

SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. ESAUS

Jan 26, 1996 (809) 627-2256

CR2E034 (12/95)