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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 852713

FILED Feb 23 1998 8:00am Secretary of State

ERIMAF	R CORPORATION N.V.					
Principal Place	e of Business	Mailing Address			* (n Mibro Quari mibri mibis Bibil Mibis 8601
808 WEST PARK AVENUE 808 WEST PARK AVENUE			VENUE			
SUITE 10 SUITE 10 CHAMPAIGN IL 61820 CHAMPAIGN IL 61820			M		DO NOT WRITE	IN THIS SPACE
CHAMPAIGN IL 61820 CHAMPAIGN IL 61820			NOV	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		. IIV II IIO OF ACE
					04/27/1982	
 -	lace of Business	2a. Mailing Address	S		4. FEI Number 98-0054414	Applied For
21 Suite Ant	Suite, Apt. #, etc. 26 Suite, Apt. #, etc.			<u>.</u>	807009414	Not Applicable \$8.75 Additional
22 27			- 1		5. Certificate of Status Desired	Fee Required
City & State City & State					Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
AT	9, Name and Address of Current	nt Hegistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				i Name		
				2 Street Add	et Address (P.O. Box Number is Not Acceptable)	
FLANIATION FL 33324			8	3		
			8	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named				ve-named cor	poration submits this statement for the p	
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.						
	m ramiliar with, and accept the oblig	anona or, poolion (oc. 00)	ou, i iuriua dialul			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable		gent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	Y MENNADT CONDOX O	☐ DELET				Change Addition
NAME	HENNART, SONDRA G. 808 WEST PARK AVENUE		1.2 NAMI			
STREET ADDRESS	CHAMPAIGN IL			ET ADDRESS		
CITY-ST-ZIP	D D	☐ DELE	1,4 CITY			Change Addition
TITLE	CURAÇÃO CORP. COMPANY					CT change (CT workfol)
NAME expert 40000000	DE RUYTERKADE 62	111	2.2 NAMI	ET ADDRESS		
STREET ADDRESS	CURACAO, NETH. ANT.		2.3 STRE 2.4 CITY			
CITY-ST-ZIP TITLE		☐ DELET				Change Addition
NAME			3.2 NAM			v
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE	<u> </u>	☐ DELET				Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELET	E 5.1 TIFLE			☐ Change ☐ Addition
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	ET ADDRES\$		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DELET				☐ Change ☐ Addition
NAME			6.2 NAMI			
STREET ADDRESS			6.3 STRE	ET 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 by the occiver 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 the corporation with an address.