## 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 # 853211

(1)

JAVA VAST B.V., INC.

**FILED** 

Mar 20 1998 8:00am

Secretary of State

| Principal Place of Business                    | Mailing Address                                |
|--|--|
| 8 GRAVELANDSEWEG 86D<br>HILVERSUM, NETHERLANDS | S GRAVELANDSEWEG 86D<br>HILVERSUM. NETHERLANDS |

| HILVERSUM, NETHERLANDS  | HILVERSUM. NETHERLANDS                       |   | DO NOT WRITE IN THIS SPACE   |                                  |  |  |
|---|--|---|--|----------------------------------|--|--|
|   |  |   | 3. Date Incorporated or Qualified  |                                  |  |  |
|   |  |   | 06/16/1982   |                                  |  |  |
| 2. Principal Place of Business  | 2a. Mailing Address                          |   | 4. FEI Number  | Applied For                      |  |  |
| Olympia 2G  | 26 P.O. Box 826                              |   | 52-1178742   | Not Applicable                   |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                          |   | 5. Certificate of Status Desired   | d \$8.75 Additional Fee Required |  |  |
| City & State 23 City & State 28 Hilversum, The Netherlands 28 Hilversum |  |   | 6. Election Campaign Financing Trust Fund Contribution                             | \$5.00 May Be<br>Added to Fees   |  |  |
| Zip Country 24 The Netherlan  | Zip Coi                                      | untry The<br>therlands                                | This corporation owes or has paid the curre     Personal Property Tax due June 30. | nt year Intangible<br>Yes No     |  |  |
| Name and Address of Current F   | 10. Name and Address of New Registered Agent |   |  |                                  |  |  |
| CT CORPORATION SYSTEM   | 81 Name                                      |   |  |                                  |  |  |
| 1200 S. PINE ISLAND ROAD PLANTATION FL 33324                            |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                  |  |  |
|   |  | 63  |  |                                  |  |  |
|   |  | 84 City   | FL   | 85 Zip Code                      |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 a                   | and 607.1508, Florida Statutes, the a        | bove-named corpo                                      | ration submits this statement for the purpose of c                                 | changing its registered          |  |  |

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.

| agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes.  |                          |        |                     |                                  |            |          |  |  |  |  |
|--|--------------------------|--------|---------------------|----------------------------------|------------|----------|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |                          |        |                     |                                  |            |          |  |  |  |  |
| 12.  | OFFICERS AND DIRECTORS   |        | 13.                 | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | S IN 12  |  |  |  |  |
| TITLE  | P                        | DELETE | 1.1 TITLE           |                                  | k Change   | Addition |  |  |  |  |
| NAME   | BOEGSCHOTEN, LY          |        | 1.2 NAME            |                                  |            | !        |  |  |  |  |
| STREET ADDRESS   | 8 Gravelandseweg 26D     |        | 1.3 STREET ADDRESS  | Olympia 2G                       |            | 1        |  |  |  |  |
| CITY-ST-ZIP  | HILVERSUM, NETHERLANDS   |        | 1.4 CITY - ST - ZIP | Hilversum, The Netherlands       |            |          |  |  |  |  |
| TITLE  | DM                       | DELETÉ | 2.1 TITLE           |                                  | Change     | Addition |  |  |  |  |
| NAME   | <b>SOFAM, BEHEER BV</b>  |        | 2.2 NAME            |                                  |            |          |  |  |  |  |
| STREET ADDRESS   | S GRAVELANDSEWEG 86D     |        | 2.3 STREET ADDRESS  | Olympia 2G                       |            |          |  |  |  |  |
| CITY-ST-ZIP  | HILVERSUM, NETHERLA00000 |        | 2. 4 CITY- ST-ZIP   | Hilversum, The Netherlands       |            |          |  |  |  |  |
| TITLE  |                          | DELETE | 3.1 TITLE           |                                  | Change     | Addition |  |  |  |  |
| NAME   |                          |        | 3.2 NAME            |                                  |            |          |  |  |  |  |
| STREET ADDRESS   |                          |        | 3.3 STREET ADDRESS  |                                  |            | ł        |  |  |  |  |
| CITY-ST-ZIP  | _                        |        | 3.4. CITY-ST-ZIP    |                                  |            | }        |  |  |  |  |
| TITLE  |                          | DELETE | 4.1 TITLE           |                                  | Change     | Addition |  |  |  |  |
| NAME   |                          |        | 4. 2 NAME           |                                  |            | }        |  |  |  |  |
| STREET ADDRESS   |                          |        | 4.3 STREET ADDRESS  |                                  |            |          |  |  |  |  |
| CITY-ST-ZIP  |                          |        | 4.4 CITY - ST - ZIP |                                  |            |          |  |  |  |  |
| TITLE  |                          | DELETE | 5.1 TITLE           |                                  | Change     | Addition |  |  |  |  |
| NAME   |                          |        | 5.2 NAME            |                                  |            |          |  |  |  |  |
| STREET ADDRESS   | •                        |        | 5.3 STREET ADDRESS  |                                  |            |          |  |  |  |  |
| CITY-ST-ZIP  |                          |        | 5.4 CITY-ST-ZIP     |                                  |            |          |  |  |  |  |
| TITLE  |                          | DELETE | 6.1 TITLE           |                                  | ☐ Change   | Addition |  |  |  |  |
| NAME   |                          |        | 6.2 NAME            |                                  |            |          |  |  |  |  |
| STREET ADDRESS   |                          |        | 6.3 STREET ADDRESS  |                                  |            |          |  |  |  |  |
|  |                          |        |                     |                                  |            | <b>I</b> |  |  |  |  |

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 suppliemental 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 of these 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 altachment with an address.

L.J. Boegschoten

March 11, 1998

CR2E034 (10/97)