1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 853211**

IAVA VACT DV

1. Corporation Name

**FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 003 \*\*\*150.00

JAVA VA	101 B.V., INC.							
Principal Plac	e of Rusiness	Mailing Address				ם נופים נתון למצור ופצור תוגון לקונת ופותן וקופקה ו 	MAN DIDAN BRANCA	11017 07011 1001
OLYMPIA 2G	a or business	P.O. BOX 826						
HILVERSUM. N	ETHERLANDS	HILVERSUM, NETHERLAN	S 1200 -	-V				
NR		NE				DO NOT WRITE IN THIS SPACE		
		<u>-</u>				3. Date Incorporated or Qualifed 06/16/1982		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				52-1178742	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27	27)			5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year in		$\checkmark$
24	25	29	30			Personal Property Tax.	Yes	DX(No
	9. Name and Address of Cur	rent Registered Agent		Τ.		10. Name and Address of New Registered	Agent	
07.0	CODDODATION OVETER			81	Name			
	CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	S. PINE ISLAND ROAD					(		
PLA	NTATION FL 33324			83	·			
							-   -   -   -	0-4-
				84	City	FL	85 Zip	Code
office or a	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	authorize orida Sta	above- ed by the stutes.	named corpo he corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	ntment as re	gistered
agent. I a	am familiar with, and accept the ob	agent and title if applicable. (NO	orida Sta	atutes.	named corpo he corporation signature required	when reinstating) OATE		
agent. I a SIGNATURE 12.	am familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO AND DIRECTORS	E: Registere	atutes.			ID DIRECTO	DRS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:87(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: SIGNATURE AND TYPED OR PRINTED NAME OF