FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853309** **(3)**

1. Corporation Name
AMELIA CORPORATION N.V.

Principal Place of Business
% MERRITT A. GARDNER, ESQUIRE
2700 BARNETT PLAZA, 101 E. KENNEDY BLVD.
TAMPA FL 33602

Mailing Address
% MERRITT A. GARDNER, ESQUIRE
2700 BARNETT PLAZA, 101 E. KENNEDY BLVD.
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/29/1982**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 501 E. Kennedy Blvd.
22 Suite, Apt. #, etc. Ste. 1250
23 City & State: Tampa, Florida
24 Zip: 33602 25 Country: U.S.A.

2a. Mailing Address
26 P. O. Box 1810
27 Suite, Apt. #, etc.
28 City & State: Tampa, Florida
29 Zip: 33601 30 Country: U.S.A.

4. FEI Number: **59-2094263** ☐ 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

9. Name and Address of Current Registered Agent

GARDNER, MERRITT A., ESQUIRE
2700 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 501 East Kennedy Blvd.
63 Ste. 1250
64 City: Tampa, **FL** 65 Zip Code: 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	1ST INDEPENDENT TRUST NV	1.2 NAME		
STREET ADDRESS	7 ABRAHAM DE VEERSTRAAT	1.3 STREET ADDRESS		
CITY-ST-ZIP	CURACAO, NETH. ANTI	1.4 CITY-ST-ZIP		
TITLE	AIF	2.1 TITLE		☐ Change ☐ Addition
NAME	GHAZZAWI, BELAL T.	2.2 NAME		
STREET ADDRESS	KING ABDUL AZIZ STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAMMAM, SAUDI ARABIA	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: BELAL T. GHAZZAWI 3/27/95 (813) 576-5184
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
(A.I.F)

0448376 FP