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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

853765 **DOCUMENT #**

(6)

PREMANA INVESTMENTS N.V. COMPANY



• • • • • • •						a 1111		
Principal Place o	of Business	Mailing Address						
1774 SOUTH D		1774 SOUTH DRIVE						
SARASOTA FL	34239	SARASOTA FL 34239	SAHASOTA PL 34235		3. Date incorporated or Qualified 3a. Date of Last Report 06/20/1995			
	(1)	2a. Mailing Address			4. FEI Number	1	P	Applied For
2. Principal Plac	Se of Brisiliess	26			59-2222573			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2		27			5 Station Commission Emposing			May Be
Oty & State		City & State			Election Campaign Financing Trust Fund Contribution			to Fees
3	Country	Ζφ	Count	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible tax u	ınder s	199.032,
Zip 4	25	29	30	*	Florida Statutes 🔲 Yes	N o		
*1	g. Name and Address of Curre				10. Name and Address of New F	legistered Ag	ent	
			8					
COONEY, RICHARD W.			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)			
1605 MA	IN STR		8	3				
SARASO	TA FL 34236		*	*	107			0
			8	4 City		FL	85 Z	p Code
12.		NO DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFF		IRECTO Change	DRS IN 12
TITLE	PTD	DELETE	1 1 III	F				Addition
NAME	COONEY, RICHARD W.		1.2 NAM	ie }				
STREET ADDRESS	1605 MAIN STR		13 STR	SET ADDRESS				
CITY-ST-ZIP	SARASOTA FL			-ST-ZIF			Change	Addition
TITLE	VSD	DELETE	2 1110			ليــا	J	-
NAME	GEBHARD, H. DIETER		22 NAN	EET ADDRESS				
STREET ADDRESS	1774 S. DR. SARASOTA FL			r-ST-ZIP		_		
CITY-ST-ZIP TITLE	D	DELFTE	3 1 111				Change	Addition
NAME	CURACAO CORPORATION	CO.	3.2 NAM	Ai:				
STREET ADDRESS	HANDELSKADE 8		33 SH	HEET ADDRESS				
CITY-ST-ZIP	CURACAO, NETH. ANT.			Y-ST ZIP			Change	Addition
TITLE		DELETE	4 1 10			لبا	Change	
NAME			4.2 NA	ME REE* ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY - ST - ZIP		DELETE	5 1 111				Change	☐ Addition
TITLE NAME			5 2 NA					
STREET ADDRESS			5 3 \$1	REET ADDRESS				
CITY - ST - ZIP			5.4 CI	Y - \$1 - ZIP			i Casass	FT Addition
TITLE		☐ DELETE	6 1 7	TLE .		1_] Change	Addition
NAME			6 2 NA	1				
STREET ADDRESS				HEET ADDRESS				
CITY-ST-ZIP			6.4.CI	IY-ST-ZIP	Code 11	0.07(3)/k/ Eloc	da Stat	utae I further

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)(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 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 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 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 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 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 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 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 under the certific that the information is true and the same legal effect as if under the certific that the information is true and the certific that the certific that the certific that the cer

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR H. DIETER

H. DIETER

GEBHARD