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**APPROVED  
AND  
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**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 10 PM 1:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 855101 (2)**

1. Corporation Name  
**BRIGHVEST N.V.**

Principal Place of Business <b>% B. MACKAY BROWN, ESQ. 7100 N. KENDALL DR. SUITE 100 MIAMI FL 33156</b>	Mailing Address <b>% B. MACKAY BROWN, ESQ. 7100 N. KENDALL DR. SUITE 100 MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/27/1982</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>	4. FEI Number <b>59-2090174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BROWN, B. MACKAY, ESQ. 7100 N. KENDALL DR, SUITE 100 MIAMI FL 33156</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>CORPORATE AGENTS N.V.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>23 PIETERMAAI, CURACAO</b>	1.2 NAME	
STREET ADDRESS	<b>NETHERLANDS ANTILLES</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>CHIANTERA, VITO M.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHENWEG 1,6082 WALLDOR</b>	2.2 NAME	
STREET ADDRESS	<b>WEST GERMANY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>AIF</b>	<b>BROWN, B. MACKAY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7100 N. KENDALL DR, ST100</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 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: *Bryan Mackay* **MACKAY, B. Brown 3-15-95** **305/670-8400**