

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

DOCUMENT # 858282

(7)

1. Corporation Name  
ECHION N.V.

Principal Place of Business

HOTTE, J. RENE  
8890 WEST OAKLAND PARK BLVD. SUITE 201  
SUNRISE FL 33351  
US

Mailing Address

% J. RENE HOTTE  
8890 WEST OAKLAND PARK BLVD. SUITE 201  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1983

4. FEI Number

59-2107154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOTTE, J. RENE  
8890 WEST OAKLAND BOULEVARD  
SUITE 201  
FT. LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

MD  
RIJNTJES, R.A.  
DE RUYTERKADE 62  
CURACAO, NETH. ANTILLES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

MD  
ROETENBERG, E.G.  
DE RUYTERKADE 62  
CURACAO, NETH. ANTILLES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

MD  
CURACAO INTERNATL TRUST  
DE RUYTERKADE 62  
CURACAO, NETH. ANTILLES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ACO  
HOTTE, J. RENE  
8890 W. OAKLAND PK #201  
SUNRISE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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 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:

**SIGNATURE REQUIRED**

1-14-98

(954) 749 8890

CR2E034 (10/97)