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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:25

DOCUMENT # **F93000002245 (9)**

1. Corporation Name
POKON & CHRYSAL B.V.

Principal Place of Business	Mailing Address
7977 N.W. 21ST STREET MIAMI FL 33126	7977 N.W. 21ST STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1993	3a. Date of Last Report: 01/25/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 65-0381434	☐ 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

AIDA BRIELE & ASSOCIATES, P.A.
2701 LEJUNE ROAD #300
CORAL GABLES FL 33134

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 _____ 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	CV	11 TITLE	☐ Change ☐ Addition
NAME	HOFMAN, NICOLAAS C	12 NAME	
STREET ADDRESS	GOOIMEER F NAARDEN PO BOX 17 1400 AA BUSSU	13 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	14 CITY-ST-ZIP	
TITLE	VCT	21 TITLE	☐ Change ☐ Addition
NAME	RAKERS, HERMAN	22 NAME	
STREET ADDRESS	GOOIMEER F NAARDEN PO BOX 17 1400 AA BUSSU	23 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, JAMES L	32 NAME	
STREET ADDRESS	7977 NW 21ST STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	HOFMAN, NICOLAAS T	42 NAME	
STREET ADDRESS	GOOIMEER 7 NAARDEN PO BOX 17 1400 AA BUSSU	43 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: James L. Kaplan (305) 477-0112
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OF OFFICER OR DIRECTOR — Date — Daytime Phone Number
James L. Kaplan, President

0110405 CP