

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002245 (9)

1. Corporation Name  
POKON & CHRYSAL B.V.



Principal Place of Business

7977 N.W. 21ST STREET  
MIAMI, FL 33126

Mailing Address

7977 N.W. 21ST STREET  
MIAMI FL 33122-1616

3063 N.W. 107th Ave.  
Miami FL 33172

3063 N.W. 107th Ave  
Miami FL 33172

2. Principal Place of Business

21 3063 N.W. 107th Ave

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 as Business

Zip

24 33172

Country

Zip

29

Country

30

3. Date Incorporated or Qualified  
05/13/1993

3a. Date of Last Report  
03/01/1996

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

Signature of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CV	<input type="checkbox"/> DELETE
NAME	HOFMAN, NICOLAAS C	
STREET ADDRESS	GOOIMEER F NAARDEN PO BOX 17 1400 AA BUSSU	
CITY - ST - ZIP	THE NETHERLANDS	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	RAKERS, HERMAN	
STREET ADDRESS	GOOIMEER F NAARDEN PO BOX 17 1400 AA BUSSU	
CITY - ST - ZIP	THE NETHERLANDS	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAPLAN, JAMES L	
STREET ADDRESS	7977 NW 21ST STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOFMAN, NICOLAAS T	
STREET ADDRESS	GOOIMEER 7 NAARDEN PO BOX 17 1400 AA BUSSU	
CITY - ST - ZIP	THE NETHERLANDS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)