

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004146 (7)

1. Corporation Name

PARK AVENUE DEVELOPMENTAMSTERDAM B.V.



Principal Place of Business

Mailing Address

535 PARK AVENUE NORTH  
WINTER PARK FL 32789

535 PARK AVENUE NORTH  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

04/11/1995

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

10. Name and Address of New Registered Agent

WILLIAMS, WARREN E  
28 WEST CENTRAL BOULEVARD  
ORLANDO FL 32801

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 type (see printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME VAN DER BEEK, JOHANNES M  
STREET ADDRESS DE BOELELAAN 7, SUITE 5.16  
CITY, ST, ZIP 1083 HJ AMSTERDAM, NETHERLAN

TITLE V ☐ DELETE

NAME WILLIAMS, WARREN E  
STREET ADDRESS 28 WEST CENTRAL BOULEVARD  
CITY, ST, ZIP ORLANDO FL 32801

TITLE V ☐ DELETE

NAME PALASCHINSKI, REINHARD  
STREET ADDRESS BALLINDAMM 6  
CITY, ST, ZIP 2000 HAMBURG 1 GERMANY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 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 oath; that I am an officer or director of the corporation or its receiver or trustee and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, etc. and is printed with an address.

SIGNATURE

SIGNATURE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

407-629-9082

Date

Daytime Phone #

CR2E034 (12/95)