SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F94000002413 (2)

1. Corporation Name
BAAN LATIN AMERICA, INC.

Principal Place of Business
Suite 934
801 Brickell Place
Miami, FL. 33131

Mailing Address
1401 Ponce De Leon Blvd.
4th Floor
Coral Gables, FL. 33134
US

2. Principal Place of Business
21 1401 Ponce De Leon Blvd.
Suite, Apt. # etc.
22 4th Floor
City & State
23 Coral Gables, FL
Zip 24 33134 Country 25 USA

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report: 07/03/1995
4. FEI Number: 65-0483202 [ ] 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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

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

600001895786
-07/17/96--01011--008
***225.00

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

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PT	[X] DELETE
NAME	BAAN, JAN	
STREET ADDRESS	THORBECK ELLAN 34	
CITY-ST-ZIP	THE NETHERLANDS	
TITLE	S	[X] DELETE
NAME	HEIJTING, WIM H	
STREET ADDRESS	BARON VAN NAGELISTRAA 89/PO BOX 143	
CITY-ST-ZIP	3770 AC BARNAVELD	
TITLE	ASD	[X] DELETE
NAME	ZEPRUN, HOWARD S	
STREET ADDRESS	TWO PALO ALTO SQUARE	
CITY-ST-ZIP	PALO ALTO, CA. 94306	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
TITLE	PT	[X] Change [ ] Addition
NAME	AMAL JOHNSON	
STREET ADDRESS	4600 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK, CA. 94025	
TITLE	VP	[ ] Change [X] Addition
NAME	MANUEL PIETRA	
STREET ADDRESS	1401 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	S	[X] Change [ ] Addition
NAME	SUSSIE HEREFORD	
STREET ADDRESS	4600 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK, CA. 94025	
TITLE	C	[ ] Change [X] Addition
NAME	JAN BAAN	
STREET ADDRESS	ZONNEOORDLAAN 17	
CITY-ST-ZIP	EDE, THE NETHERLANDS 6718 TK	
TITLE	D	[ ] Change [X] Addition
NAME	AMAL JOHNSON	
STREET ADDRESS	4600 BOHANNON DRIVE	
CITY-ST-ZIP	MENLO PARK, CA. 94025	
TITLE	D	[ ] Change [X] Addition
NAME	MANUEL PIETRA	
STREET ADDRESS	1401 PONCE DE LEON BLVD., 4th FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	

7/16 JZ

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 report or supplemental 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: Manuel Pietra 7/10/96 (305) 442-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)