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FILED  
May 12 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 # F94000002413 (2)

1. Corporation Name

BAAN LATIN AMERICA, INC.

Principal Place of Business  
1401 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES FL 33134

Mailing Address  
1401 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES FL 33134-0080

3. Date Incorporated or Qualified  
05/10/1994

3a. Date of Last Report  
07/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
JOHNSON, AMAL  
STREET ADDRESS  
4800 BOHANNON DR.  
CITY- ST- ZIP  
MENLO PARK CA 94025

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
PIETRA, MANUEL  
STREET ADDRESS  
1401 PONCE DE LEON BLVD., 4TH FLOOR  
CITY- ST- ZIP  
CORAL GABLES FL 33134

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
HEREFORD, SUSSIE  
STREET ADDRESS  
4800 BOHANNON DR.  
CITY- ST- ZIP  
MENLO PARK CA 94025

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
BAAN, JAN  
STREET ADDRESS  
ZONNEOORDLAAN 17  
CITY- ST- ZIP  
EDE, THE NETHERLANDS 6718 TK

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
JOHNSON, AMAL  
STREET ADDRESS  
4800 BOHANNON DR.  
CITY- ST- ZIP  
MENLO PARK CA 94025

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
PIETRA, MANUEL  
STREET ADDRESS  
1401 PONCE DE LEON BLVD., 4TH FLOOR  
CITY- ST- ZIP  
CORAL GABLES FL 33134

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 an 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:

Manuel Pietra  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 442-0034

Daytime Phone #

CR2E034 (9/96)