

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:52

DOCUMENT # **F94000003149 (1)**

1. Corporation Name

DEAR APARTMENT COMPANY, N.V.

Principal Place of Business

199 OCEAN LANE DR. APT 801
COMMODORE CLUB SOUTH
KEY BISCAYNE FL 33149

Mailing Address

199 OCEAN LANE DR. APT 801
COMMODORE CLUB SOUTH
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

JUNE 15, 1994

4. FEI Number

52-1628428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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)

(Signature, typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
DE GOMEZ, DELIA R
P.O. BOX 6169 N/A
GUAYAQUIL - ECUADOR

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
LINCE, LUIS F
P.O. BOX 6169 N/A
GUAYAQUIL - ECUADOR

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

GOMEZ-LINCE, LUIS F.
(CORRECTION)

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
ROSALES, LUIS F
P.O. BOX 245 N/A
GUAYAQUIL - ECUADOR

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

GOMEZ-ROSALES, LUIS F.
(CORRECTION)

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address

SIGNATURE:

Luis F. Gomez-Rosales

LUIS F. GOMEZ-ROSALES

3/21/95

593-4-807409

(Signature and type, or printed name of signing officer or director)