

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

Main Office Address

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

2. Principal Place of Business

2a. Main Office Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

g. Name and Address of Current 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 607.01(2) and 607.15(4), 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 will be authorized by the corporation's board of directors. The undersigned, as registered agent, I am familiar with, and accept the obligations of Sections 607.01(2) and 607.15(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE GOMEZ, DELIA R	
STREET ADDRESS	P.O. BOX 6169 N/A	
CITY-STATE-ZIP	GUAYAQUIL - ECUADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ-LINCE, LUIS F.	
STREET ADDRESS	P.O. BOX 6169 N/A	
CITY-STATE-ZIP	GUAYAQUIL - ECUADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ-ROSALES, LUIS F.	
STREET ADDRESS	P.O. BOX 245 N/A	
CITY-STATE-ZIP	GUAYAQUIL - ECUADOR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 responsible to compile this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, on an annual report with an address.

SIGNATURE: *Lois F. Gomez-Rosales* **LOIS F. GOMEZ-ROSALES** 3/18/96 593-4-807409

CR2E034 (12/95)