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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 28 1997 8:00am Secretary of State

1997 DOCUMENT # **F9400005546 (6)**

Corporation	Name	•	_	•	_	_	_	_	_	_	
MELAKA	RUBBER	N.V.									

Principal Place of Business Mailing Address **% CMC GROUP % CMC GROUP** 701 BRICKELL AVE., SUITE 3150 701 BRICKELL AVE., SUITE 3150 MIAMI FL 33131-2847 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1994 05/01/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 98-0056435 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zır Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CMC GROUP, INC. 701 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3150** 83 **MIAMI FL 33131** 84 City Zip Code 85 11. Pursuant to the provisions of Section: 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. If the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. For the initial with, and accept the appointment as registered agent. Signature with, and accept the appointment as registered agent. Signature.

Signature ot register a aged tand blie if applicable (NOTE: Flugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 100 1.1 TOTALE ☐ Change Addition antonini, sevjero NAV: 1.2 NAME 6901 LUGANQ STREET 400HSSS 1.3 STREET ADDRESS SWITZERLAN CO7 - \$1 - 785 1.4 CITY-ST-ZIP DELETE Change Addition THEF 2.1 THE NAME: 2.2 NAME STREET AUGIS, 55 2.3 STREET ADDRESS OHY - \$1 - 265 2. 4 CITY-ST-ZIP DELETE 1111.8 3.1 TITLE ☐ Change Addition NAME 32 NAME STREET ASON: 55 3.3 STREET ADDRESS COY-\$1-2# 3 4. CITY - \$1 - ZiP TITLE DELETE 4.1 THLE Change ___ Addition NAME: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TIFLE 51 TITLE NAM[®] 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CCLY - S1 - ZIP 54 CITY-ST-ZIP DELETE Change Addition TIME 61 TITLE NAM: 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. I do 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 indicate does 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Director)

Daytime Phone #

(96/6)