## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

,	STATE OF TABLE	000146 (9)			
UN	GENTAG INVESTMENTS N.V.				
Principal	Place of Business	Mailing Address			
7171 CORAL WAY SUITE 200		7171 CORAL WAY SUITE 200			
MIAMI FL 33155		MIAMI FL 33155			
l				DO NOT WRITE IN THIS SP	ACE
				3. Date Incorporated or Qualified	
9 Princi	pal Place of Business	2a. Mailing Address		01/10/1995 4. FEI Number	Applied For
21	part 1909 of Business	26		59-2112371	Not Applicable
Suite, Apt #, etc.		Suite. Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City &	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	
24	25 9. Name and Address of Current	Registered Agent	30	Personal Property Tax due June 30	Yes No
	EASY ACCOUNTING SYSTEMS, INC.	· · · · · · · · · · · · · · · · · · ·	81 Name		OIII
	13003 NW 67TH AVE., SUITE 410	•		LUIS 6. OSORNO	
MIAMI-LAKES FL 93014			82 Street	Address (P.O. Box Number is Not Acceptable) 7171 CORAL WAY, STE 26	xo
MICHIEL TE 33014			83		······································
			24 65		
			84 City	MIAMI FL	85 Zip Code 33/55
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and account the obligations of, Section 607.0505, Florida Statutes.				corporation submits this statement for the purpose of cl	nanging its registered
ager	e or registered agent, or both theme state of it. I am familiar with, and account the obligat	ir Florida. Such change was ions of, Section 607,0505, F	authorized by the corp Jorida Statutes.	poration's board or directors. I hereby accept the appoin	irment as registered
SIGNATU	JRE & MU VINU				15/98
	Signature, typed or printed name overgestered agent		If Registered Agont signature		IDE07000 III 10
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
NAME	OSORNO, HERMAN		1.2 NAME	<u>-</u> -	T critific
STREET ADD			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZI	8.41.4.8.41 C1		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE	UP C	Change Addition
NAME	OSORNO, LUIS H		2.2 NAME	OSDENO LUIS 6.	• —
STREET ADD	00041 HHAV 0 044		2.3 STREET ADDRESS		
CITY-ST-ZII	MIAMIF		2. 4 CITY - ST - ZIP		
TITLE	8	DELETE	31 TITLE		Change Addition
NAME	DE OSORNO, NOHEMI		3.2 NAME		
STREET ADD			3 3 STREET ADDRESS		
CITY-ST-ZI	MIAMI FL		3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	L	Change Addition
NAME	}		4. 2 NAME		
STREET ADD	<b>i</b>		4.3 STREET ADDRESS		
CITY-ST-ZII	P	DELETE	4.4 CITY-ST-ZIP		Change
TITLE	•	וו טבנבונ	5.1 TITLE		Change Addition
NAME CTOCCT ADD	DECC		5.2 NAME		
STREET ADD	J		5.3 STREET ADDRESS		i
CITY-ST-ZII		DELETE	5.4 C(TY - ST - ZIP 6.1 TITLE	Γ	Change Addition
NAME			6.2 NAME		
IWUML			O.E TO HAIL		

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 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 of the receiver of 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 or an atlact of the corporation of the corpora Luis 6.050END 305-266-6692

64 CITY-ST-ZIP