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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003970 (9)

LOTUS DEVELOPMENT OF PANAMA, INC.

FILED Jan 29 1997 8:00am Secretary of State

| Principal Place of Business ** RICHARD GREEN & CO. 2627 NE 203RD ST NORTH MAM! BEACH FL 33180 | | Mailing Address | | | INE IIIO (bio) sikit biliki biliki dolil dolil | MOIND LIME IBIII INNII NOII INNI | |
|--|-------------------|------------------|--|---|---|-----------------------------------|--|
| | | 2627 NE 203RD | % RICHARD GREEN & CO. 2627 NE 203RD ST NORTH MIAMI BEACH FL 33180-1900 | | | | |
| | | | | | | Date of Last Report 03/05/1996 | |
| 2. Principal Place of Business | | 2a. Mailing Add | 2s. Mailing Address | | mber | Applied For | |
| 21 | | 26 | 26 | | 0081272 | Not Applicable | |
| Suite, Apt | . #, etc | Suite, Apt. # | ¥, etc. | 5, Certific | cate of Status Desired | \$8.75 Additional Fee Required | |
| City & Sta | ate | City & State | , | | on Campaign Financing Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Ζιρ 29 | Country 30 | Q. IIII C | orporation has liability for intang a Statutes | gible tax under s. 199.032, : | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| PL | ANTATION FL 33324 | | 83 | | | | |
| | | | 63 | | | | |

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.

84 City

| SIGNATURE | Signature Typico or printed name of registered agent and little flagg | tanda (hOTE | Registered Agent signature requi | eired when reinstating) DATE |
|------------------|---|-------------|----------------------------------|---|
| 12. | OFFICERS AND DIRECTOR | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | CP | DELETE | 11 TITLE | Change Addition |
| NAME | KOHLER, ANTOINE | | 12 NAME | |
| STREET ADDRESS | 44, AVENUE KRIEG | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | geneva switzerland | | 1.4 C/TY-ST-ZIP | |
| TITLE | VCV | DELETE | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | ESPINO, PABLO JAVIER | | 22 NAME | • |
| STREET ADDRESS | 53RD ST, URBANIZACION OBARRIO | • | 2.3 STREET ADDRESS | |
| City-St-ZiP | PANAMA | | 2. 4 CITY - ST - ZIP | |
| TITLE | TD | DELETE | 31 TITLE | Change Addition |
| NAME | BIGGS, AIDA MAY | | 3.2 NAME | |
| STREET ADORESS | 53RD ST, URBANIZACION OBARRIO | | 3.3 STREET ADDRESS | |
| CITY-S1-2IP | PANAMA | | 3.4. CITY-ST-ZIP | |
| TITLE | SD | DELETE | 4.1 TITLE | Change Addition |
| NAM L | ADOR, THIERY | | 4. 2 NAME | |
| STREET ADDRESS | 44, AVENUE KRIEG | | 4.3 STREET ADDRESS | |
| C-TY - ST - ZIP | GENEVA SWITZERLAND | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | | 5 4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | | 6.4 CITY+SY-ZIP | d in Castion 110 07/20/i) Florida Ctatutos 1 further portify that the |

4. 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 indicated on this arrival report is fue 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 drybe receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, if in an ayachment with an address.

SIGNATURE

IGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Daytime Phone #

85

Zip Code