SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **F95000006140 (6)**

1. Corporation Name

MAYPORT INCORPORATED N.V.

Principal Place of Business

% GRANT THORNTON LLP
777 BRICKELL AVE. SUITE 1200
MIAMI FL 33131

Mailing Address

% GRANT THORNTON LLP
777 BRICKELL AVE. SUITE 1200
MIAMI FL 33131

3. Date Incorporated or Qualified: **12/15/1995**

3a. Date of Last Report:

4. FEI Number: **98-0050695** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intang ble tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

FROMM, DEE
2500 E. HALLANDALE BEACH BLVD
SUITE 707-P
HALLANDALE FL 33009

10. **Name and Address of New Registered Agent**

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 607.0502 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 (NOTE: Registered Agent signature required when transacting) Date

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	BOONSTRA, R.J.	
STREET ADDRESS	DE RUYTERKADE 62	
CITY-ST-ZIP	CURACAO, N.A.	
TITLE	P	☐ DELETE
NAME	PIONKOWSKI, MARIA	
STREET ADDRESS	QUINTA MARITZA, CALLE C-1, URB.LA LAGUNITA	
CITY-ST-ZIP	CARACAS 1080, VENEZUELA	
TITLE	V	☐ DELETE
NAME	DE CARLI, ANNA M	
STREET ADDRESS	QUINTA CHUNEL, CALLE CHIVACOA,URN SAN ROMA	
CITY-ST-ZIP	CARACAS 1061, VENEZUELA	
TITLE	S	☐ DELETE
NAME	MELENIKIOTIS, SOTIRIOS	
STREET ADDRESS	139 CEDAR HILLS CIRCLE	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Pionkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA PIONKOWSKI

CR2E034 (3/96)

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