

FILE NOW: FILING FEE AFTER MAY 1'S \$550.00

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mathew Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006140 (6)
1. Corporation Name

MAYPORT INCORPORATED N.V.

Principal Place of Business Mailing Address
FROMM, DEE
2500 HALLANDALE
BEACH, BLVD
SUITE 707-P
HALLANDALE, FL 33009

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

12/15/95

3a. Date of Last Report

8/8/96

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 intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FROMM, DEE
2500 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

DEE FROMM

Dee Fromm, R.E. Broker

7-1-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TREASURER
BOONSTRA, RJ
DE RUYTERKADE 62
CARACAS, N.A.

PRESIDENT
PIONKOWSKI, MARIA
QUINTA MARITZA, CALLE C-1
URB. LA LAGUNITA
CARACAS 1080 VENEZUELA

VICE PRESIDENT
DE CARLI, ANNA
QUINTA CHUNEL, CALLE
CHIVACOA
CARACAS 1061, VENEZUELA

MELENIKIOTIS, SOTIRIOS
139 CEDAR HILLS CENTER
CHAPEL HILL NC 27514
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 its 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

7-1-97

Date

Daytime Phone #

CR2E034 (9/96)