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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90113 037 ***150.00

DOCUMENT # F95000006140

MAYPORT INCORPORATED N.V.

Principal Place	of Business	Mailing Address							
% GRANT THORNTON LLP		DEE FROMM							
777 BRICKELL AVE. SUITE 1200		2500 HALLANDALE BEACH BLVD. STE 707 P		707 P	DO NOT WRITE IN THIS CRACE				
MIAMI FL 33131		HALLANDALE FL 33009			-	DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 12/15/1995		ţ		
						1	anlied For		
2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number	<u> </u>	oplied For		
21		26			98-0050695				
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired		
22		27					`		
City & State	•	City & State			6. Election Campaign Financing		May Be		
23		28			Trust Fund Contribution		to Fees		
Zip '	Country	Zip Country			8. This corporation owes the current year Intan	gible ∐Yes	XNo		
24	25	29 30			Personal Property Tax. 10. Name and Address of New Registered A		A110		
	9. Name and Address of Current	Registered Agent	81	Name		joint			
ED∆I	MM, DEE		01	Name	et e				
			82	Stree	et Address (P.O. Box Number is Not Acceptable)				
	E. HALLANDALE BEACH BLVD								
	E 707-P		83		• •				
HALL	ANDALE FL 33009		84	City		85 Zip	Code		
				ĺ .	FL		i		
11. Pursuant f	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-name	d corporation submits this statement for the purpose of ch	anging its	registered		
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida Such change was alling	orizea ov	me cor	rporation's board of directors. Thereby accept the appoint	nem as re	egistered		
=	Trianillar With, and accept the congain	De Ham		D F	Broker 1-6-9	19	}		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	istered Age	nt signature	e required when reinstating) DATE				
12.	OFFICERS AND		13.	· ·	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12		
TITLE	T	☐ DELETE	1,1 TITLE			Change	☐ Addition		
NAME	BOONSTRA, R.J.		1.2 NAME		·				
STREET ADDRESS	DE RUYTERKADE 62		1.3 STREE	T ADDRES					
CITY-ST-ZIP	CURACAO, N.A.		1.4 CITY- S	T-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE			Change	☐ Addition		
1	PIONKOWSKI, MARIA	_	2.2 NAME				i		
NAME	ALMER AND THE ALLER AND THE ALLER WITH		2.3 STREE	T ADDDES					
STREET ADDRESS	CARACAS 1080, VENEZUELA	OND.LA DAGONITA			8				
CITY-ST-ZIP		DELETE	2. 4 CITY-5	51-ZIP		Change	Addition		
TITLE	DE CARLA ANNA M		3.1 TITLE						
NAME	DE CARLI, ANNA M		32 NAME						
STREET ADDRESS	QUINTA CHUNEL, CALLE CHIVA	CUA	33 STREE		SS				
CITY-ST-ZIP	CARACAS 1061, VENEZUELA		3.4. CITY-	ST-ZIP					
TITLE	\$	□ DELETE	4.1 TITLE		`	☐ Change	Addition		
NAME	MELENIKIOTIS, SOTIRIOS		4. 2 NAME				1		
STREET ADDRESS	139 CEDAR HILLS CENTER		4.3 STREE	TADDRES	68				
CITY-ST-ZIP	CHAPEL HILL NC 27514		4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRES	es		ļ		
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP			ļ		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME						
			6.3 STREE	T ADDRES			1		
STREET ADDRESS	-		6.4 CITY-S			 -			
CITY-ST-ZIP			0. - 0111-3	, , - en,					

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 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, with all other like empowered.

SIGNATURE: