

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

FILED
Apr 10 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # F96000006236 (1)
 1. Corporation Name
SELECT AGENCIES N.V.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SANDRA R. DE MARCHENA
7126 SW 48 LANE
MIAMI FL 33155

3. Date Incorporated or Qualified
12/02/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number Applied For
98-0070956 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DE MARCHENA, SANDRA R
7126 SW 48 LANE
MIAMI FL 33155

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MORON, ALFRED J	
STREET ADDRESS	1 RESEDAWEG	
CITY-ST-ZIP	CURACAO, NETH. ANTILLES	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DE MARCHENA, ARMANDO	
STREET ADDRESS	PASSAATSTRAAT 8	
CITY-ST-ZIP	CURACAO, NETH. ANTILLES	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DELVALLE EUNICE	
1.3 STREET ADDRESS	DOORMANWEG 51	
1.4 CITY-ST-ZIP	CURACAO, NETH ANTILLES	
2.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANDRA R. DE MARCHENA	
2.3 STREET ADDRESS	7126 SW 48 LANE	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Sandra R. de Marchena* **SANDRA R. DE MARCHENA**

CR2E034 (10/97)