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

APPROVED AND FILED
1997 OCT 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K32859** (6)

1. Corporation Name
TRILATERAL II CORPORATION

Principal Place of Business
2077 SOUTH GESSNER
SUITE 125
HOUSTON TX 77063

Mailing Address
2077 SOUTH GESSNER
SUITE 125
HOUSTON TX 77063-1127

3. Date Incorporated or Qualified: **08/29/1988**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business
21 c/o McBrearity & Co., Inc.
Suite, Apt. #, etc.
22 28 Vitti Street
City & State
23 New Canaan, CT
Zip 24 06840 Country 25 USA

2a. Mailing Address
26 c/o McBrearity & Co., Inc.
Suite, Apt. #, etc.
27 28 Vitti Street
City & State
28 New Canaan, CT
Zip 29 06840 Country 30 USA

4. FEI Number: **59-2906877** ☐ 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
HILL, LEWIS H III
100 N. TAMPA ST. STE. 2700
TAMPA FL 33601

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

400002320644--0
-10/15/97--01037--014
****550.00 FL ****550.00

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	PD	☒ DELETE
NAME	ADAM, ANDRE'	
STREET ADDRESS	CLOS DE MERIVAL, 18	
CITY-ST-ZIP	COURT ST ETIENNE BELGIUM	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director	☐ Change ☒ Addition
1.2 NAME	Mrs. J. A. F. Witteveen	
1.3 STREET ADDRESS	Noolseweg 24	
1.4 CITY-ST-ZIP	1251 GP Laren, The Netherlands	
2.1 TITLE	Secretary & Treasurer	☐ Change ☒ Addition
2.2 NAME	Mrs. L. Goossens	
2.3 STREET ADDRESS	Van Nijenrodeweg 914	
2.4 CITY-ST-ZIP	1081 BK Amsterdam, The Netherlands	
3.1 TITLE	President	☐ Change ☒ Addition
3.2 NAME	Mrs. Marianne Brouwer-de Roode	
3.3 STREET ADDRESS	Oudendiksweg 35	
3.4 CITY-ST-ZIP	2481 KE Woubrugge, The Netherlands	
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		

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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 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 _____ 10/10/97