

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 13 AM 11:53

DOCUMENT # **L54040** (5)

1. Corporation Name  
**ALDEMA MIAMI BEACH INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**1190 VENETIAN WAY 1528 NE QUAYSIDE TERR**  
**10205 COLLINS AVE. 10205 COLLINS AVE.**  
**MIAMI FL 33139 MIAMI FL 33138**  
**US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/01/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0176009** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASERTEIN, RICHARD**  
**740-71ST STREET**  
**MIAMI BEACH FL 33141**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **DELLER, ALBERTO**  
STREET ADDRESS **CASILLA 2036**  
CITY- ST- ZIP **QUITO, ECUADOR**

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

TITLE **D**  
NAME **DELLER, FRIDA**  
STREET ADDRESS **CASILLA 2036**  
CITY- ST- ZIP **QUITO, ECUADOR**

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

TITLE **VP**  
NAME **DELLER, MICHEL**  
STREET ADDRESS **P.O. BOX 2038 N/A**  
CITY- ST- ZIP **QUITO EC**

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

TITLE **T**  
NAME **DELLER, PIERCE**  
STREET ADDRESS **P.O. BOX 2038 N/A**  
CITY- ST- ZIP **QUITO EC**

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

TITLE **S**  
NAME **DELLER, HELLEN DE BEIT**  
STREET ADDRESS **P.O. BOX 2038 N/A**  
CITY- ST- ZIP **QUITO EC**

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

TITLE  
NAME  
STREET ADDRESS  
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 110.07(3)(c), 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 (change only) or in an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Daytime Phone #