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Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P00557 (9)  
1. Corporation Name  
LOWTIDE CORPORATION N.V.



Principal Place of Business  
7 ABRAHAM DE VEERSTRAAT  
P.O. BOX 840  
CURACAO, NETHERLAND ANTILLES

Mailing Address  
7 ABRAHAM DE VEERSTRAAT  
P.O. BOX 840  
CURACAO, NETHERLAND ANTILLES

3. Date Incorporated or Qualified: 01/11/1984  
3a. Date of Last Report: 08/13/1996  
4. FEI Number: 98-0060345  
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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES FL 33146

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1.1 TITLE: MD  
1.2 NAME: FIRST INDEPENDENT TRUST  
1.3 STREET ADDRESS: P.O. BOX 840 N/A  
1.4 CITY-ST-ZIP: NETHERLAND ANTILLES  
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE: [Change] [Addition]  
2.2 NAME: [Change] [Addition]  
2.3 STREET ADDRESS: [Change] [Addition]  
2.4 CITY-ST-ZIP: [Change] [Addition]  
3.1 TITLE: [Change] [Addition]  
3.2 NAME: [Change] [Addition]  
3.3 STREET ADDRESS: [Change] [Addition]  
3.4 CITY-ST-ZIP: [Change] [Addition]  
4.1 TITLE: [Change] [Addition]  
4.2 NAME: [Change] [Addition]  
4.3 STREET ADDRESS: [Change] [Addition]  
4.4 CITY-ST-ZIP: [Change] [Addition]  
5.1 TITLE: [Change] [Addition]  
5.2 NAME: [Change] [Addition]  
5.3 STREET ADDRESS: [Change] [Addition]  
5.4 CITY-ST-ZIP: [Change] [Addition]  
6.1 TITLE: [Change] [Addition]  
6.2 NAME: [Change] [Addition]  
6.3 STREET ADDRESS: [Change] [Addition]  
6.4 CITY-ST-ZIP: [Change] [Addition]

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: *[Signature]* FIRST INDEPENDENT TRUST (CURACAO) N.V.  
DATE: JANUARY-10-1997 (599) 613-709

CR2E034 (9/96)