

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 28 AM 11:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1984**
 4. FEI Number: **59-1710036**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33148**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
500002508635--1
 83 **05/04/98 - 01007--017**
******150.00 ****150.00**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	FIRST INDEPENDENT TRUST	
STREET ADDRESS	P.O. BOX 840 N/A	
CITY-ST-ZIP	NETHERLAND ANTILLES	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 *[Signature]* **FIRST INDEPENDENT TRUST (CURACAO) N.V.** *F. J. ...*

CR2E034 (10/97)