

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

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Mar 20 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 # P04059

(2)

1. Corporation Name
ALPHATUR N.V., CORPORATION



Principal Place of Business

Mailing Address

PENTHOUSE
888 BRICKELL AVE.
MIAMI FL 33131

PENTHOUSE
888 BRICKELL AVE.
MIAMI FL 33131-2913

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.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD.
SUITE 4800
MIAMI FL 33131~~

81 Name **H.F. Hassan**
82 Street Address (P.O. Box Number is Not Acceptable) **888 Brickell Avenue**
83 **Penthouse**
84 City **Miami** 85 Zip Code **FL 33131**

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. Term for which I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *M.F. Hassan*

DATE **3-11-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	MEZERHANE, NELSON	1.2 NAME	
12.3 STREET ADDRESS	PENTHOUSE 888 BRICKELL	1.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
12.5 TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	MEZERHANE, NELSON	2.2 NAME	
12.7 STREET ADDRESS	PENTHOUSE 888 BRICKELL	2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
12.9 TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	MEZERHANE, FREDDY	3.2 NAME	
12.11 STREET ADDRESS	PENTHOUSE 888 BRICKELL	3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
12.13 TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	MEZERHANE, FREDDY	4.2 NAME	
12.15 STREET ADDRESS	PENTHOUSE 888 BRICKELL	4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
12.17 TITLE	A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	HASSAN, MOSTAFA F	5.2 NAME	
12.19 STREET ADDRESS	888 BRICKELL AVENUE	5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	
12.21 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M.F. Hassan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-12-97**

CR2E034 (9/96)