

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

FILED  
Jan 27 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P06105** (1)  
1. Corporation Name  
**CHINAZON ENTERPRISES, N.V. INCORPORATED**



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O EMIL GASPERONI<br/>2501 E. COMMERCIAL BLVD.<br/>FT. LAUDERDALE FL 33308</b> | Mailing Address<br><b>C/O EMIL GASPERONI<br/>2501 E. COMMERCIAL BLVD.<br/>FT. LAUDERDALE FL 33308-4131</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/17/1985</b>   | 3a. Date of Last Report<br><b>02/19/1996</b>           |
| 4. FEI Number<br><b>59-2036443</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**GASPERONI, EMIL  
2501 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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

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 re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>1ST INDEPENDENT TRUST</b>               | 1.2 NAME  |   |
| STREET ADDRESS             | <b>MIDDENSTRAAT 4, 2ND FL</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CURACO, NETH. ANT.</b>                  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>POA</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GASPERONI, EMIL</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2501 E. COMMERCIAL BLVD.</b>            | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>FT. LAUDERDALE FL</b>                   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0265026

CR2E034 (9/96)