

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06582

1. Entity Name
GERVILLE PROPERTIES, N.V.



FILED
04 APR 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O TRIZEL REAL ESTATE
250 CATALONIA AVE., SUITE 305
CORAL GABLES, FL 33134

Mailing Address
C/O TRIZEL REAL ESTATE
250 CATALONIA AVE., SUITE 305
CORAL GABLES, FL 33134

2. Principal Place of Business
% Holland & Knight LLP
Suite, Apt. #, etc.
701 Brickell Ave S3000

3. Mailing Address
% Holland & Knight LLP
Suite, Apt. #, etc.
701 Brickell Ave S3000

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2017301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIALASTRI, TOM
250 CATALONIA AVE., #305
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave, Suite 3000

City
Miami

State
FL

Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
CURACAO CORPORATION COMPANY, N.V.
STREET ADDRESS
62 DE RUYTERKADE
CITY - ST - ZIP
CURCAO, NETH. ANTIL.

☐ Delete

TITLE
NAME
PD
DE SMITH, ROSA-RIVERA
STREET ADDRESS
2100 S BAYSHORE DR
CITY - ST - ZIP
COCONUT GROVE, FL 33133

☐ Delete

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa R. de Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #