

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08620 (7)

1. Corporation Name

LENIMAR N.V.

Principal Place of Business

P.O. BOX 897
CURACAO, NETHERLANDS ANTILLES

Mailing Address

P.O. BOX 897
CURACAO, NETHERLANDS ANTILLES



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1985		3a. Date of Last Report 06/12/1995	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 98-0097267		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

MARGOLIN, PETER W.
GADNER AND MARGOLIN
SUITE 411, 1200 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33432

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of person providing information on this report

(Only Registered Agent Signature required when registered)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY, ST, ZIP		1.4 CITY, ST, ZIP	
5. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change to the information was made.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 1996

CR2E034 (12/95)