FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11277** **(1)**

1. Corporation Name

STRESS INVEST CORP. N.V.

Principal Place of Business	Mailing Address
% GRANT THORNTON CPA'S 1221 BRICKELL AVE. MIAMI FL 33131	% PANNELL KERR FORSTER C/O GRANT THORNTON CPA'S MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1986**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 777 BRICKELL AV.	26 777 BRICKELL AVE
Suite, Apt. #, etc. 22 # 1200	Suite, Apt. #, etc. 27 SUITE 1200
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / County 24 33131 / 25 USA	Zip / County 29 33131 / 30 USA

4. FEI Number: **98-0054931** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CIOC, JONANA
POST OFFICE BOX 140103
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	ESSENFELD, ERVIN	12 NAME		
STREET ADDRESS	% 1221 BRICKELL AVE.	13 STREET ADDRESS	777 BRICKELL AVE	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33131	
TITLE	VD	21 TITLE	☒ Change	☐ Addition
NAME	ESSENFELD, ODETTE	22 NAME		
STREET ADDRESS	% 1221 BRICKELL AVE.	23 STREET ADDRESS	777 BRICKELL AVE	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33131	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: Odette Essenfeld 4-10-95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437789 FP