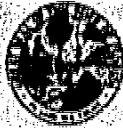


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:24****DOCUMENT # P11383****(7)**

1. Corporation Name

PREST PROPERTIES N.V. INC.

Principal Place of Business

**% GRANT THORNTON C.P.A.'S
1221 BRICKELL AVENUE, 11TH FLOOR
MIAMI FL 33131**

Mailing Address

**% GRANT THORNTON
1221 BRICKELL AVENUE, 11TH FLOOR
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

09/10/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

98-0054980

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 (32),
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 122 VITTONA AVE

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES, FL.

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 P.O. Box 140103

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES, FL.

Zip

29 33146

Country

30 USA

9. Name and Address of Current Registered Agent

**CIOC, ERICA
522 VITTONA AVE
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESSENFELD, ERVIN
STREET ADDRESS	1221 BRICKELL AVENUE 122 VITTONA AVE
CITY - ST - ZIP	MIAMI FL C. GABLES, FL

TITLE	V
NAME	ESSENFELD, ODETTE
STREET ADDRESS	1221 BRICKELL AVENUE 122 VITTONA AVE
CITY - ST - ZIP	MIAMI FL C. GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 hereof, or on an attachment with an address.

SIGNATURE:

Ervin Essenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #