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

PROFIT CORPORATION ANNUAL REPORT

1994 – 1996

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

Total Due: $625.00

FILED
May 20 1996 8:00 am
Secretary of State

300001826853
-05/17/96--01061--001
****625.00 ****625.00

DOCUMENT # P16989

1. Corporation Name: BELTER PROPERTIES N.V.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 12/1/87
3a. Date of Last Report: 5/1/93

2. Principal Place of Business
21 L.B. Smithplein 3
Suite, Apt. #, etc.
22 P.O. Box 6
City & State
23 Curacao, N.A.
Zip
24
Country
25 Netherlands Antilles

2a. Mailing Address
26 c/o James W. Shindell
201 So. Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite 2400
City & State
28 Miami, Florida
Zip
29 33131
Country
30 U.S.A.

4. FEI Number: 65-0019578 ☐ 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 XX No

9. Name and Address of Current Registered Agent

Samuel A. Brodnax, Jr.
201 South Biscayne Boulevard
Suite 2400
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: James W. Shindell
82 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd.
83 Suite 2400
84 City: Miami FL 85 Zip Code: 33131

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] James W. Shindell 5/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	M/D	☐ DELETE
NAME	Covenant Managers N.V.	
STREET ADDRESS	L.B. Smithplein 3, P.O. Box 6	
CITY-ST-ZIP	Curacao, N.A.	
TITLE	A/I/F	☐ DELETE
NAME	Lee, T.K.	
STREET ADDRESS	145 E. 50 Street, Ste. 6A	
CITY-ST-ZIP	New York, NY 10022	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP ... 6.4 CITY-ST-ZIP; each with ☐ Change ☐ Addition)

FF $625.00

8/24/94 admin. diss. was due to a clerical error on the part of this office therefore corp. was returned to active status as of today's date with the filing of this AR & payment of FF totaling $625.00 — [initials]

5/20 filed 5/17

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 if changed, or on an attachment with an address.

SIGNATURE: COVENANT MANAGERS N.V., as Managing Director
By: [signature] 5/15/96 (599-9) 623700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gosse de Vries, Attorney-in-fact for Covenant Ma... N.V.

CR2E034 (12/95)