

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT,
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P21962

(6)

1. Corporation Name

TOWERBANK, LTD., INC.

Principal Place of Business

PO BOX 309
GEORGETOWN, GRAND CAYMAN, CI

Mailing Address

PO BOX 309
GEORGETOWN, GRAND CAYMAN, CI

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 TOWERBANK, LTD.

27 Suite, Apt. #, etc.
APARTADO 6-6039 EL DORADO

28 City & State

PANAMA, REP. OF PANAMA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AVILA, ALCIDES I.
SUITE 3400
ONE BISCAYNE BLVD., 2 S. BISCAYNE BLVD.
MIAMI FL 33131

3. Date Incorporated or Qualified

12/02/1988

3a. Date of Last Report

02/19/1996

4. FEI Number

65-0064239

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KARDONSKI, SAM
P.O. BOX 6-6039 N/A
EL DORADO PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
DE WOLF VAN STAVEREN, G.A.
P.O. BOX 6-6039 N/A
EL DORADO, PANAMA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KARDONSKI, FRED
P.O. BOX 6-6039 N/A
EL DORADO PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORA, JAIME S.
P.O. BOX 6-6039 N/A
EL DORADO PA

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002303548
-09/25/97--01069--008
***550.00

☐ Change ☐ Addition

14. I do 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 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

SIGNATURE REQUIRED

09-17-97

FILED
Sep 24 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)