FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P27193** **(2)**

1. Corporation Name
SUTTON INVESTMENTS, N.V., INC.

Principal Place of Business
1253-C SILAS CREEK PARKWAY
WINSTON SALEM NC 27127

Mailing Address
1253-C SILAS CREEK PARKWAY
WINSTON SALEM NC 27127

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 04/11/1995
4. FEI Number: 98-0033229 ☐ 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

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

FRAGA, ANTONIO O.
2299 DOUGLAS RD., 4TH FLOOR
MIAMI FL 33145

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

TITLE	PD	☐ DELETE
NAME	FRAGA, ANTONIO O.	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	☐ DELETE
NAME	FRAGA, ANTONIO C.	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ANTILLEAN MANAGEMENT	
STREET ADDRESS	SCHOTTEGATWEG-OOST 130	
CITY-ST-ZIP	CURACAO, NETH. ANT	
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		☐ 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 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 4/16/96 443-2508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)