

FILE NOW:- FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P35881

(2)

95 JAN 19 AM 11:15

1. Corporation Name

SKIP PROPERTIES N.V., INC.

Principal Place of Business

Mailing Address

5200 N.W. 107TH ST.
MIAMI FL 33014

5200 N.W. 107TH ST.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
01/20/1994

2. Principal Place of Business

2a. Mailing Address

21 10501 N.W. 7th Avenue
Suite, Apt. #, etc.

26 same as 2,
Suite, Apt. #, etc.

4. FEI Number
98-0050977

Applied For
Not Applicable

22 City & State
23 MIAMI, FLORIDA

27 City & State
28 Miami, Florida

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

25 Zip Country
33150 U.S.A

29 Zip Country
33150 U.S.A

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, BENNETT G.
2655 LEJEUNE ROAD, #541
CORAL GABLES FL 33134

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME SASSON, ZAKAY
STREET ADDRESS 16477 NE 30 AVE.
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT
NAME FEFER, ENRIQUE
STREET ADDRESS 290174TH ST. #419
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 16425 Collins Avenue
2.4 CITY-ST-ZIP Miami Beach, Florida. 33160

TITLE D
NAME CORPORATE AGENTS N.V.
STREET ADDRESS 23 PETERMAAI
CITY-ST-ZIP NETHERLAND ANTILLES

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Fefer
Secretary

01/13/94

305-7518571