

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90109 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **849653**

1. Corporation Name
ABN AMRO BANK N.V.



Principal Place of Business SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI FL 33131-5311	Mailing Address SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI FL 33131-5311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 07/08/1981	Applied For Not Applicable
4. FEI Number 13-5268975	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ELINA MORALES
200 S. BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KALFF, PJ
STREET ADDRESS	FOPPINGADREEF 22
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	VAN TETS, R.W.F.
STREET ADDRESS	22 FOPPINGADREEF
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	DRABBEE, MJ
STREET ADDRESS	FOPPINGADREEF 22
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	TEMPEST, HARRY
STREET ADDRESS	135 SO. LASALLE ST, 340
CITY-ST-ZIP	CHICAGO IL 60603
TITLE	D <input type="checkbox"/> DELETE
NAME	RIBOURDOUILLE, DRS.P.
STREET ADDRESS	ZWARTEWEG 14
CITY-ST-ZIP	AERDENHOUT, NETHERLAND
TITLE	SVP <input type="checkbox"/> DELETE
NAME	KOCH, PAUL
STREET ADDRESS	200 SO BISCAYNE BLVD., 22ND FLOOR
CITY-ST-ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Paul Koch* **PAUL KOCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/28/99 Daytime Phone #: (305) 416-7768

CR2E034 (11/98)