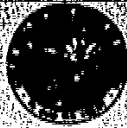


**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 18 AM 8:18

DOCUMENT # 537776

(7)

1. Corporation Name

SIGMAR CORPORATION

Principal Place of Business

KEY COLONY #1 CONDOMINIUM, UNIT 730
201 CRANDON BLVD.
KEY BISCAYNE FL 33149

Mailing Address

KEY COLONY #1 CONDOMINIUM, UNIT 730
201 CRANDON BLVD.
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1754333

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. 199.092,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 550 NW Le Jeune Rd

27 Suite, Apt. #, etc.
305

28 City & State
Miami, Florida

29 Zip

33126-5671

Country

30 Dade

9. Name and Address of Current Registered Agent

EVANS, LESLIE R.
150 W FLAGLER ST. #2300
MIAMI FL 33130

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 fee if applicable

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARUSCHKE, SIEGFRIED
STREET ADDRESS	AVENIDA J.P. DUARTE #13
CITY - ST - ZIP	DOMINICAN REPUBLIC
TITLE	AT
NAME	MARUSCHKE, SIEGFRIED
STREET ADDRESS	AVENIDA J.P. DUARTE #13
CITY - ST - ZIP	DOMINICAN REPUBLIC
TITLE	VST
NAME	MARUSCHKE, MERCEDES
STREET ADDRESS	AVENIDA J.P. DUARTE #13
CITY - ST - ZIP	DOMINICAN REPUBLIC
TITLE	D
NAME	MARUSCHKE, MERCEDES
STREET ADDRESS	AVENIDA J.P. DUARTE #13
CITY - ST - ZIP	DOMINICAN REPUBLIC
TITLE	AS
NAME	MELENDEZ, HORTENSIA (ASST)
STREET ADDRESS	AVENIDA J.P. DUARTE #13
CITY - ST - ZIP	DOMINICAN REPUBLIC
TITLE	AS
NAME	MELENDEZ, MARTA
STREET ADDRESS	201 CRANDON BLVD. #730
CITY - ST - ZIP	KEY BISCAYNE FL

13. ADDITIONS, CHANGES TO OFFICERS, AND CHIEF CLERK, ETC.

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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:

Mercedes Maruschke
Mercedes Maruschke

July 12, 1995 (305) 443-3046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR