PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
KEY COLONY #1 CONDOMINIUM, UNIT 730 201 CRANDON BLVD. KEY BISCAYNE FL 33149	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

2. Principal Place of Business	2a. Mailing Address
21	26 550 NW Le Jeune Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 305
City & State 23	City & State 28 Miami, Florida
Zip 24 / County 25	Zip 29 33126-5671 / County 30 Dade

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. 199.032 Florida Statutes ☐ Yes ☒ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MARUSCHKE, SIEGFRIED	12 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	13 STREET ADDRESS	
CITY-ST-ZIP	DOMINICAN REPUBLIC	14 CITY-ST-ZIP	
TITLE	AT	21 TITLE	☐ Change ☐ Addition
NAME	MARUSCHKE, SIEGFRIED	22 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	23 STREET ADDRESS	
CITY-ST-ZIP	DOMINICAN REPUBLIC	24 CITY-ST-ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	MARUSCHKE, MERCEDES	32 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	33 STREET ADDRESS	
CITY-ST-ZIP	DOMINICAN REPUBLIC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARUSCHKE, MERCEDES	42 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	43 STREET ADDRESS	
CITY-ST-ZIP	DOMINICAN REPUBLIC	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, HORTENSIA (ASST)	52 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	53 STREET ADDRESS	
CITY-ST-ZIP	DOMINICAN REPUBLIC	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, MARTA	62 NAME	
STREET ADDRESS	201 CRANDON BLVD. #730	63 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	64 CITY-ST-ZIP	

CR2E034 (395)

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)(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: Mercedes Maruschke July 12, 1995 (305) 443-3046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061002 CP