

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 843876 (4)

1. Corporation Name
UCCELLO IMMOBILIEN GMBH, INCORPORATED

Principal Place of Business

999 BRICKELL AVENUE
SUITE 508
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE
SUITE 508
MIAMI FL 33131-3041



3. Date Incorporated or Qualified

08/09/1979

3a. Date of Last Report

04/25/1996

4. FEI Number

59-1872845

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

G&K INVESTMENTS MGMT INC
999 BRICKELL AVE 5TH FL
SUITE 508
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

G&K INVESTMENTS MGMT., INC.

82 Street Address (P.O. Box Number is Not Acceptable)

999 BRICKELL AVE., SUITE 808

83

MIAMI, FLORIDA 33131

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

Morad Korman

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|---------------|----------------|----------------------|---------------------------------|
| PD | VOGEL, ROBERT | ESPLANADE 37 | HAMBURG, REP.GERMANY | <input type="checkbox"/> |
| VD | LEYBA, ROBERT | ESPLANADE 37 | HAMBURG, REP.GERMANY | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--------------------|---------------------------------|-----------------------------------|
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY - ST - ZIP | | |
| 21 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

DATE

305-374-4400

Daytime Phone #

CR2E034 (9/96)