

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 12 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 481876

(1)

1. Corporation Name

SEACAP CORPORATION

Principal Place of Business

2 SOUTH BISCAYNE BLVD
SUITE 2480
MIAMI FL 33131

Mailing Address

2 SOUTH BISCAYNE BLVD
SUITE 2480
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1975

3a. Date of Last Report

03/01/1996

4. FEI Number

59-1619557

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LIPCON, CHARLES R
2 SOUTH BISCAYNE BLVD
SUITE 480
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

700002294107--7
-09/16/97--01029--021
****165.FL****165.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TPD ☒ DELETE
NAME LANGER, GUNTER
STREET ADDRESS ERNST-ECKSTEIN-STRABE 4
CITY-ST-ZIP GIESSEN W

TITLE SVD ☒ DELETE
NAME LANGER, URSULA
STREET ADDRESS ERNST-ECKSTEIN-STRABE 4
CITY-ST-ZIP GIESSEN W

TITLE S ☐ DELETE
NAME LANGER, WOLF JURGEN
STREET ADDRESS ALTER STEINBACHER WEG 2
CITY-ST-ZIP GIESSEN, W. GERMANY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Dr. Wolf Jürgen Langer
1.3 STREET ADDRESS Alter Steinbacher Weg 2
1.4 CITY-ST-ZIP D-35394 Giessen

2.1 TITLE Attorney in fact ☐ Change ☒ Addition
2.2 NAME Dr. Christiane Taprogge-Langer
2.3 STREET ADDRESS Alter Steinbacher Weg 2
2.4 CITY-ST-ZIP D-35394 Giessen

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Dr. Günter Langer
3.3 STREET ADDRESS Ernst-Eckstein-Straße 4
3.4 CITY-ST-ZIP D-35394 Giessen

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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: Dr. Wolf Jürgen Langer, President August 15, 1997

CP2E034 (4/97)