

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90019 024 ***550.00

DOCUMENT # 537776

1. Corporation Name

SIGMAR CORPORATION

Principal Place of Business

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

Mailing Address

550 N.W. LE JEUNE ROAD
#305
MIAMI FL 33126-5671
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

EVANS, LESLIE R.
375 SOUTH COUNTRY ROAD, SUITE 218
PALM BEACH FL 33480

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARUSCHKE, SIEGFRIED
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AT ☐ DELETE

NAME MARUSCHKE, SIEGFRIED
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE VST ☐ DELETE

NAME MARUSCHKE, MERCEDES
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE D ☐ DELETE

NAME MARUSCHKE, MERCEDES
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AS ☐ DELETE

NAME MENDEZ, HORTENSIA (ASST)
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AS ☐ DELETE

NAME MENDEZ, MARTA
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 5, 1999 (305) 443-3046

CR2E034 (11/98)

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