FILE NOW: FI	LING FEE AFTER	MAY 1 IS \$225.00
PROFIT		FLORIDA DEPARTMENT OF STATE
CORPORATION		Sandra B. Mortham
ANNIHAL DEDOOT	(2007)	





Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

621083

(5)

DIETER RITZHAUPT 1795 CORPORATION

Principal Place o	f Business	Mailing Address				t eftering meltin temmi gifter &		*** **** *****	
11217 U.S. 19 PORT RICHEY FL 34688		11217 U.S. 19 PORT RICHEY FL 34668							
						 Date incorporated or Qua 05/07/1979 	of Last Report 03/15/1995		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 59-1919744			Applied For Not Applicable
21		26 Evite Ast # etc				דדופופו פט			Additional
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desir	red 📋		Required
City & State		City & State				6. Election Campaign Finance	oing _	\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country	Zip	Count	ry		8. This corporation has liabi	lity for intangible to	x under s	199.032,
24	25	29	30				Yes No	Agant	
	Name and Address of Curre	int Registered Agent		Name		10. Name and Address of		Agent	
	AP 4/2020 W ID		ľ		/124	NCIS LEONARD	WORWA		
	ICE, ALFRED W. , JR.		8	Street	Addres	s (P.O. Box Number is Not Ac	ceptable)		
	DGE ROAD ICHEY FL 34668		8	76	34	MASSACLUSEHS	AVENUE		
:			ε	14 City	. le	2 - 2 16	EI	85 Z	Code 465_3
	007.050	7 1500 Florido Cha	tas the shoul		NW	TOAT KICKPY	the nurnose of ch	anging its r	egistered office
11. Pursuant to	the provisions of sections 607.050 d agent, or both or the State of G n, and accept the obligations of S	a, such change was autho	utes, the above rized by the co	e-named c reporation	s board	of directors. I hereby accept t	he appointment a	registered	agent. I am
(familiar with	n, and accept the obligations of S	cti 7 607.0505, Florida Statut	les.	10.		WORWA	1-2	0-96	
SIGNATURE	Signature, twist or printed parts of registered ge	nt and title if applicable	77ANCIS (NOTE: Registered A	gent signaturo	required	when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES			
TITLE	P	☐ DELF1E	1.1 TIE	Lŧ				Change	Addition
NAME	ritzhaupt, dieter		1.2 NAM	/E					
STREET ADDRESS	11217 US 19		1.3 STR	EET ADORESS	5				
CITY-ST-ZIP	PORT RICHEY FL			Y-ST-ZIP	<u> </u>			Channa Channa	Addition
TITLE	ST	☐ DELETE	2 1 111					☐ Change	Addition
NAME	RITZHAUPT, WEI WEI		2.2 NAN	ΜE	Ì				
STREET ADDRESS	11217 US 19		2.3 STH	REE1 ADDRESS	6				
CITY-ST-ZIP	PORT RICHEY FL	FT BOLETO		Y-SI-ZIP	_			Change	Addition
TITLE	V OLON THY	☐ DELETE	3. 1 TIT					[_] Change	L.J. Addition
NAME	QUON, LILY	\ T	3.2 NA						
STREET ADDRESS	2170 CENTURY PARK EAS) I		ree1 addres	s				
CITY-ST-ZIP	LOS ANGELES CA	DELFIE		Y - ST - 7IP				Change	Addition
TITLE			4. 1 TIT						C
NAME			4.2 NAI						
STREET ADDRESS				REET ADDRESS	9				
CITY - ST - ZIP		DELETE	4.4 UH 5. 1 Til	Y-ST-ZIP				Change	Addition
TITLE		[] Stick	5.2 NA						
NAME CTREET ADDRESS				REFT ADDRES	s				
STREET ADDRESS				Y-SI-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	6 171					Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS				reet addres	s				

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 119.07(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 cath; that I am an officer or director of the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 or Block 14 or Block 15 or Block

SIGNATURE

BIETER RITZHAUPT X//30/96 813 863542