

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Division of State  
Division of Corporations

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name	DOCUMENT #
KOBE INTERNATIONAL CO.	843043 (1)

Mailing Address	Physical Place of Business
Apartado 7440 Panama 5, Republic of Panama	Apartado 7440 Panama 5, Republic of Panama

Physical place of business is the place where the corporation carries on business and does not include its principal office or place of incorporation.

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 25	29 30

3. Name and Address of Current Registered Agent

Louis Schreiber  
8400 N. University Drive  
Tamarac, Florida 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/17/1979	
4. FEI Number	Applied For <b>98-0114065</b>
5. Certificate of Status Desired	Not Applicable
\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit Exempt from \$138.75 Supplemental Fee	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	
B4 City	FL <span style="margin-left: 20px;">85 Zip Code</span>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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 607.0506 or 617.0503, Florida Statute.

SIGNATURE: *Louis Schreiber* DATE: **4/21/95**

(Signature appears handwritten. It is the Registered Agent's signature displayed after the signature)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. OFFICER 12. NAME 13. STREET ADDRESS 14. CITY ST ZIP	V/D Desarmiento, Marcela R. Elvira Mendez St. Panama City, Panama	11. OFFICER 12. NAME 13. STREET ADDRESS 14. CITY ST ZIP	
15. OFFICER 16. NAME 17. STREET ADDRESS 18. CITY ST ZIP	S/D Melo, Luz A. Banfield Elvira Mendez St. Panama City, Panama	15. OFFICER 16. NAME 17. STREET ADDRESS 18. CITY ST ZIP	<b>30000 1481263</b> -05/09/95--01112--005
19. OFFICER 20. NAME 21. STREET ADDRESS 22. CITY ST ZIP	T/D De Sarmiento, Marcela R. Elvira Mendez St. Panama City, Panama	19. OFFICER 20. NAME 21. STREET ADDRESS 22. CITY ST ZIP	<b>***225.00 ***225.00</b>
23. OFFICER 24. NAME 25. STREET ADDRESS 26. CITY ST ZIP	P/D Soto, Licimaco Herrera Elvira Mendez St. Panama City, Panama	23. OFFICER 24. NAME 25. STREET ADDRESS 26. CITY ST ZIP	
27. OFFICER 28. NAME 29. STREET ADDRESS 30. CITY ST ZIP		27. OFFICER 28. NAME 29. STREET ADDRESS 30. CITY ST ZIP	<i>b4511</i>
31. OFFICER 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP		31. OFFICER 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP	
35. OFFICER 36. NAME 37. STREET ADDRESS 38. CITY ST ZIP		35. OFFICER 36. NAME 37. STREET ADDRESS 38. CITY ST ZIP	
39. OFFICER 40. NAME 41. STREET ADDRESS 42. CITY ST ZIP		39. OFFICER 40. NAME 41. STREET ADDRESS 42. CITY ST ZIP	
43. OFFICER 44. NAME 45. STREET ADDRESS 46. CITY ST ZIP		43. OFFICER 44. NAME 45. STREET ADDRESS 46. CITY ST ZIP	
47. OFFICER 48. NAME 49. STREET ADDRESS 50. CITY ST ZIP		47. OFFICER 48. NAME 49. STREET ADDRESS 50. CITY ST ZIP	
51. OFFICER 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP		51. OFFICER 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP	
55. OFFICER 56. NAME 57. STREET ADDRESS 58. CITY ST ZIP		55. OFFICER 56. NAME 57. STREET ADDRESS 58. CITY ST ZIP	
59. OFFICER 60. NAME 61. STREET ADDRESS 62. CITY ST ZIP		59. OFFICER 60. NAME 61. STREET ADDRESS 62. CITY ST ZIP	
63. OFFICER 64. NAME 65. STREET ADDRESS 66. CITY ST ZIP		63. OFFICER 64. NAME 65. STREET ADDRESS 66. CITY ST ZIP	
67. OFFICER 68. NAME 69. STREET ADDRESS 70. CITY ST ZIP		67. OFFICER 68. NAME 69. STREET ADDRESS 70. CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(6)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property required by Chapter 717, Florida Statutes. That I am an officer or director of the corporation or the trustee or holder compensated to evaluate the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X L. Herrera Soto*

ETCIVICO "LICIMACO HERRERA SOTO" Director and President

April 26, 1995

Date: 04/26/95 Date: 04/26/95