

APPROVED
AND
FILED

95 MAY -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
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1. Corporation Name KOBE INTERNATIONAL CO.	DOCUMENT # 843043 (1)
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Mailing Address Apartado 7440 Panama 5, Republic of Panama	Principal Place of Business Apartado 7440 Panama 5, Republic of Panama
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DO NOT WRITE IN THIS SPACE

2. Mailing Address 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Principal Place of Business 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified 04/17/1979	3a. Date of Last Report
4. FEI Number 98-0114065	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
7. Nonprofit Exempt from \$138.75 Supplemental Fee	8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent Louis Schreiber 8400 N. University Drive Tamarac, Florida 33321

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

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 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, and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 4/21/95
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12. OFFICERS AND DIRECTORS	
1. TITLE	V/D
2. NAME	Desarmiento, Marcela R.
3. STREET ADDRESS	Elvira Mendez St.
4. CITY, ST. ZIP	Panama City, Panama
1. TITLE	S/D
2. NAME	Melo, Luz A. Banfield
3. STREET ADDRESS	Elvira Mendez St.
4. CITY, ST. ZIP	Panama City, Panama
1. TITLE	T/D
2. NAME	De Sarmiento, Marcela R.
3. STREET ADDRESS	Elvira Mendez St.
4. CITY, ST. ZIP	Panama City, Panama
1. TITLE	P/D
2. NAME	Soto, Licimaco Herrera
3. STREET ADDRESS	Elvira Mendez St.
4. CITY, ST. ZIP	Panama City, Panama
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	

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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 199.03(3)(b), Florida Statutes. I release the Department of State from any liability of non-compliance with the provisions of Chapter 199, Florida Statutes, in the event that the information supplied is derived in whole or in part from public records. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning annual reports imposed by Chapter 199, Florida Statutes, that I am an officer or director of the corporation or the receiver or liquidator empowered to file this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.
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SIGNATURE: <i>[Signature]</i> Licimaco Herrera Soto	April 26, 1995 Director and President
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