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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300002104 (8)

GEORG SCHEPELER & HANS KAHL GMBH (CORPORATION)

APPROVED AND FILED

98 APR 24 PM 12: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place	of Business	Mailing Address		F 100 1100 1100 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101 0 0 1101	140 1100 11011 80111 9101 1001
2300 CORAL WAY 2300 CORAL WAY					
SUITE 200		SUITE 200		DO NOT WINTS IN THE ODAOS	
MIAMI FL 33145		MIAMI FL 33145		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				05/06/1993	
9 Principal D	ace of Business	2a. Mailing Address			Applied For
		1 a a a a a a a a a a a a a a a a a a a	MAV	4. FEI Number 65-0426915 NOT APPLICABLE	Not Applicable
21 2300 Suite, Apt.	CORAL WAY	26 2300 CORAL Suite, Apt. #, etc.	WAI	,	\$8.75 Additional
		27 SUITE # 200	1	5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	I FLORIDA	28 MIAMI FLOR	TDA	Trust Fund Contribution	Added to Fees
Zip	Country	7(p)	Country	8. This corporation owes or has paid the cu	
24 3314	· · ·	29 33145 30	-	·	Yes No
24, 5517.	9. Name and Address of Current		T	10. Name and Address of New Registered	Agent
FLORIDA ANNUAL REPORT SERVICES INC 81 Name					
AAAA AAAA WAY				(D.O. Day M. where in Net Accomtobile)	
#200			82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33145		83		
MIN	ANII FE 93 143				
			84 City	Fi	85 Zip Code
44. Dure year to the provision of a provision of the privilence of changing its registered.					
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 of longer of policy of polity in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adent. I am familia with an each of the purpose of changing its registered adent. I am familia with an each of the purpose of changing its registered adent. I am familia with an each of the purpose of changing its registered adent. I am familia with a provision of the purpose of changing its registered and for the purpose of the purpose of changing its registered and for the purpo					
agent. I ann familia with. And account this order to a section 607.0505, Florida Statutes. AMADA CANTERA LOPEZ - PRES.					
SIGNATURE Signature, Island District numer of rejectional agent and transferance (NOTE Registered Agent is greature required when reinstalling) DATE					
12.	——————————————————————————————————————		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	11 TITLE		Change Addition
NAME	B UCKREUS, GERTI		12 NAME		
STREET ADDRESS	STREET ADDRESS 24 WIELANDSTRASSE, 6238 HOFHEIM				
CITY-ST-ZIP	GERMANY		1.4 CłTY-ST-7IP		
TITLE	D	☐ DELETE	21 THE		Change Addition
NAME	LAUBACH, FRANZ		2.2 NAME		
STREET ADDRESS	24 WIELANDSTRASSE, 6238 H	HOFHEIM	2.3 STRELT ADDRESS		
CIT -ST-ZIP	GERMANY		2 4 CITY - ST - ZIP	400002502	(9,34
TITULE		DELETE	31 TITLE		Cilange Addition
NAME			3.2 NAME	***150.00	キャキキ1つ0.00
STREET ADDRESS			3.3 STREET ADDRESS	والمنار والمار والمناز والمناز والمناز والمناز والمناز والمناز والم	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	4000,02,5,03	17.25 - nnc 3
TITLE		DELETE	4.1 117LE	######0 70	Addition
NAME			4. 2 NAME	**************************************	dedocument, O \$ 1.0
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREF1 ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		ļ
TITLE		DELETE	6.1 1/1LE	. h ()	Change Addition
NAME			6.2 NAME	/ () . \ \	
STREET ADDRESS			6.3 STREET ADDRESS	By M.	
CITY-ST-ZIP			6.4 City - St - ZiP	' '	
VIII VI AII					

14. Thereby 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 logal 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 13 if manged, or on an attachment with an address

Dritters.

30/90

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