

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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003217 (7)

1. Corporation Name  
AUSTRAL INC.

Principal Place of Business

FIRST UNION CENTER  
200 EAST BROWARD BLVD., SUITE 120  
FT. LAUDERDALE FL 33301

Mailing Address

FIRST UNION CENTER  
200 EAST BROWARD BLVD., SUITE 120  
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

4. FEI Number

13-3395235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1512 EAST BROWARD BLVD

Suite, Apt. #, etc

22 Ste 302

City & State

23 FORT LAUDERDALE FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 1512 EAST BROWARD BLVD

Suite, Apt. #, etc

27 STE 302

City & State

28 FORT LAUDERDALE FL

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.  
801 NORTHEAST 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

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	PTCD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, NICOLA	
STREET ADDRESS	222 RIVERSIDE DR #9C	
CITY- ST- ZIP	NEW YORK NY WESTPORT CT 06880	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KENNEDY, JOHN W	
STREET ADDRESS	25 TRENCHARD STREET	
CITY- ST- ZIP	BRISTOL BF1 5AN ENGLAND	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WISE, AARON N	
STREET ADDRESS	C/O 440 PARK AVE. SOUTH	
CITY- ST- ZIP	NEW YORK NY 10028	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SIGNATURE:

*[Signature]*

1/26/98 212 972 6947

CR2E034 (10/97)