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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

APPROVEL PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 DEC 21 PM 1: 34 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F9400003625 (0) IMWAG IMMOBILIEN- MAKLER- U.HANDELS GESMBH Principal Place of Business Mailing Address 75 VALENCIA AVENUE C/O HELGA KELM STE 1002 515 MADISON AVENUE CORAL GABLES FL 33134 NEW YORK NY 10022 07/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-3863891 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution. Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Yes ∏ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANDELL, LEE P.A. 75 VALENCIA AVE., STE. 1002 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 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

| 12 | 19 | 98 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE С 1.1 TITLE Change Addition WAGNER, VIKTOR NAME 12 NAME 6767 COLLINS AVE., STE. 1810 STREET ADDRESS 1.3 STREET ADDRESS 100002721121--MIAMI BEACH FL 33140 -12/23/98--01064--020 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ****550.00 ****550 April NAME KELM, HELGA 2.2 NAME 100002721121--7 -12/23/98--01064--021 STREET ADDRESS 515 MADISON AVE 2.3 STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE *****200.00 ****2001 A&ition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition | NAME 4 2 NAME K 12/22 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

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.

SIGNANCIA BIELINOED