

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003022 (9)

1. Corporation Name
KAMONA STIFTUNG, INC.



Principal Place of Business

444 BRICKELL AVE
SUITE 300
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE
SUITE 300
MIAMI FL 33131-2472

2. Principal Place of Business

21 100 SE 2nd Street

2a. Mailing Address

26 100 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 18th Floor/FRO

27 18th Floor/FRO

City & State
Miami, FL

City & State
Miami, FL

23 Zip
33131

Country
USA

28 Zip
33131

Country
USA

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0598920

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM H III
444 BRICKELL AVE
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name OBER, FRED R.
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
83 18th Floor
84 City Miami FL 85 Zip Code 33131

I, 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

Fred R. Ober

(NOTE: Registered Agent signature required when reinstating)

2/4/97
DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME BISSIG, ELMAR
STREET ADDRESS % WILLIAM H. NEWTON, III, 444 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME BISSIG, ELMAR
1.3 STREET ADDRESS c/o Fred R. Ober, 100 SE 2 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)