

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90063 037 ***150.00

DOCUMENT # F98000006224

1. Corporation Name
NETLIFE USA, INC.

Principal Place of Business
305 EAST 70TH STREET #2F
NEW YORK FL 10021

Mailing Address
305 EAST 70TH STREET #2F
NEW YORK FL 10021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1998

4. FEI Number
13-4029373

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 461 FIFTH AVENUE

2a. Mailing Address
26 461 FIFTH AVENUE

Suite, Apt. #, etc.
22 25TH FLOOR

Suite, Apt. #, etc.
27 25TH FLOOR

City & State
23 NEW YORK, NY

City & State
28 NEW YORK, NY

Zip Country
24 10017 25 USA

Zip Country
29 10017 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	C	<input type="checkbox"/> DELETE
NAME	MUELLER, CLAUS H	
STREET ADDRESS	ELBBERG 1, 22767	
CITY-ST-ZIP	HAMBURG, GERMANY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAUSCHNABEL, MARKUS	
STREET ADDRESS	305 EAST 70TH STREET #2F 461 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK FL 10021-10017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROHM, EBERHARD	
STREET ADDRESS	485 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. RAUSCHNABEL, MARKUS
2.3 STREET ADDRESS	461 FIFTH AVENUE, 25TH FL.
2.4 CITY-ST-ZIP	NEW YORK, NY 10017
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99 (212) 779-2000

CR2E034 (11/98)