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FILED  
May 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G66212 (3)

1. Corporation Name  
LOSCHIM, INC.



Principal Place of Business: M.M. 305. US #1, P.O. BOX 607, BIG PINE KEY FL 33043  
Mailing Address: M.M. 305. US #1, P.O. BOX 607, BIG PINE KEY FL 33043

3. Date Incorporated or Qualified: 10/25/1983  
3a. Date of Last Report: 03/21/1996  
4. FEI Number: 59-2360136  
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

2. Principal Place of Business: 21 30364 OVERSEAS HIGHWAY, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country  
2a. Mailing Address: 26 P.O. BOX 430907, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent: CUNNINGHAM, RALPH E., 2975 OVERSEAS HIGHWAY, MARATHON FL 33050  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: STD, NAME: REASIN, RICHARD, STREET ADDRESS: RT. 3, BOX 207, CITY-ST-ZIP: BIG PINE KEY FL  
 TITLE: PD, NAME: LOONTJENS, CARLOS, STREET ADDRESS: B-2700 ST., CITY-ST-ZIP: ANTWERPEN, BELGIUM  
 TITLE: VD, NAME: MOORS, JOSE, STREET ADDRESS: B-2700 STREET, CITY-ST-ZIP: ANTWERPEN, BELGIUM  
 TITLE: ~~D~~, NAME: ~~MCGANN, WILLIAM C.~~, STREET ADDRESS: ~~630 112TH ST. OCEAN~~, CITY-ST-ZIP: ~~MARATHON FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE:  Change  Addition  
 1.2 NAME: \_\_\_\_\_  
 1.3 STREET ADDRESS: P.O. BOX 430907, 30364 U.S. 1  
 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 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: \_\_\_\_\_ DATE: 4-28-97 DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)