

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

FILED

Apr 28 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **G76679** (1)

1. Corporation Name
HANSEATIC OVERSEAS TRADING, INC.

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|---|---|
| Principal Place of Business 505 E TWIGGS ST 506 TAMPA FL 33602-824 US | Mailing Address 505 E TWIGGS ST 506 TAMPA FL 33602-824 US |
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| 2. Principal Place of Business 212 S. MAGNOLIA AVE | 2a. Mailing Address P.O. Box 25534 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State TAMPA, FL | 28 City & State TAMPA, FL |
| 24 Zip 33606 | 25 Country U.S.A |
| 29 Zip 33622-5534 | 30 Country U.S.A |

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|--|--|
| 3. Date Incorporated or Qualified 01/01/1984 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2376866 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent SHOBE, DAVID C. 501 E. KENNEDY BLVD. TAMPA FL 33602 | 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 |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DPC <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESELOH, HEINZ | 1.2 NAME | |
| STREET ADDRESS | 505 E TWIGGS ST STE 201 | 1.3 STREET ADDRESS | 212 S. MAGNOLIA AVE |
| CITY-ST-ZIP | TAMPA, FL 00000 | 1.4 CITY-ST-ZIP | TAMPA, FL. 33606 |
| TITLE | DVS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEINZ-WERNER, WESELOH | 2.2 NAME | |
| STREET ADDRESS | 505 E TWIGGS ST STE 201 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | DENZIL FERNANDES |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 212 S. MAGNOLIA AVE |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | TAMPA, FL. 33606 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **Denzil Fernandes (DENZIL FERNANDES)** 04/21/97 (813) 877-6434 ext 102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)