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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **K34319 (9)**  
1. Corporation Name  
**GERMAN-AMERICAN TRADE INSTITUTE, INC., U S A**

Principal Place of Business: 1901 MASON AVENUE SUITE 101 DAYTONA BEACH FL 32117  
Mailing Address: 1901 MASON AVENUE SUITE 101 DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 804 MASON AVENUE, SUITE C DAYTONA BEACH, FLORIDA 32117 - 4719  
2a. Mailing Address: 26 804 MASON AVENUE, SUITE C DAYTONA BEACH, FLORIDA 32117 - 4719  
22. City & State: DAYTONA BEACH, FLORIDA  
27. City & State: DAYTONA BEACH, FLORIDA  
23. Zip: 32117 - 4719  
24. Country: USA

3. Date Incorporated or Qualified: 09/21/1988  
3a. Date of Last Report: 03/25/1994  
4. FEI Number: 59-2437834  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PERSCHMANN, LUTZ 1901 MASON AVENUE SUITE 101 DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 804 MASON AVENUE, SUITE C 83 City: 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: D  
NAME: PERSCHMANN, LUTZ  
STREET ADDRESS: 1182 SUWANEE ROAD  
CITY - ST - ZIP: DAYTONA BEACH FL  
TITLE: D  
NAME: KRETZSCHMAR, PETER  
STREET ADDRESS: KIEFERWEG 27  
CITY - ST - ZIP: D-29227 CELLE, GERMANY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [Change] [Addition]  
1.2 NAME: [Change] [Addition]  
1.3 STREET ADDRESS: [Change] [Addition]  
1.4 CITY - ST - ZIP: [Change] [Addition]  
2.1 TITLE: [Change] [Addition]  
2.2 NAME: [Change] [Addition]  
2.3 STREET ADDRESS: KIEFERWEG 27A  
2.4 CITY - ST - ZIP: [Change] [Addition]  
3.1 TITLE: [Change] [Addition]  
3.2 NAME: [Change] [Addition]  
3.3 STREET ADDRESS: [Change] [Addition]  
3.4 CITY - ST - ZIP: [Change] [Addition]  
4.1 TITLE: [Change] [Addition]  
4.2 NAME: [Change] [Addition]  
4.3 STREET ADDRESS: [Change] [Addition]  
4.4 CITY - ST - ZIP: [Change] [Addition]  
5.1 TITLE: [Change] [Addition]  
5.2 NAME: [Change] [Addition]  
5.3 STREET ADDRESS: [Change] [Addition]  
5.4 CITY - ST - ZIP: [Change] [Addition]  
6.1 TITLE: [Change] [Addition]  
6.2 NAME: [Change] [Addition]  
6.3 STREET ADDRESS: [Change] [Addition]  
6.4 CITY - ST - ZIP: [Change] [Addition]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: \_\_\_\_\_ Lutz Perschmann, D, 4-15-95 96W/258-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)