

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Principal Place of Business  
804 MASON AVE  
STE C  
DAYTONA BEACH FL 32117  
US

Mailing Address  
804 MASON AVE  
STE C  
DAYTONA BEACH FL 32117-4719  
US

3. Date Incorporated or Qualified 09/21/1988  
3a. Date of Last Report 06/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2437834	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

PERSCHMANN, LUTZ  
804 MASON AVE  
STE C  
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1182 SUWANEE ROAD
83
84 City
DAYTONA BEACH
FL
85 Zip Code
32114

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, of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-1-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	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	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	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:

4-15-1997 (904) 255-1659

CR2E034 (9/96)