SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

CORPORATION ANNUAL REPORT
~~1993~~ 1995

FLORIDA DEPARTMENT OF STATE
~~Jim Smith~~
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # K57510

TURNWALD CORP.
4209 SALZEDO
CORAL GABLES, FL 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 1/11/89
3a. Date of Last Report: 6/27/94

FILING FEE $225.00

Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 65-0136960 ☐ Applied For ☐ Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Amount Fee Enclosed

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TURNWALD HANS A.
4209 SALZEDO
CORAL GABLES, FL 33134

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 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V/T	11 TITLE	
12 NAME	TURNWALD HANS ADOLF	12 NAME	
13 STREET ADDRESS	1632 S. BAYSHORE CT. #2	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI, FL 33133	14 CITY ST ZIP	
21 TITLE	P/D	21 TITLE	
22 NAME	TURNWALD ANNELIESE	22 NAME	800001484868
23 STREET ADDRESS	1632 S. BAYSHORE CT #2	23 STREET ADDRESS	-05/12/95--01007--004
24 CITY ST ZIP	MIAMI, FL 33133	24 CITY ST ZIP	****200.00 ****200.00
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, 13 with an address.

SIGNATURE: _____ 4.27.95 (305) 444-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #