FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	L35358
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1. Corporation I	MENT # L3535 A INVESTMENTS U.S., INC	` '		<u> </u>	
Principal Place of	of Business	Mailing Address			
%PETER T H	OFSTRA	%PETER T HOFSTRA 8640 SEMINOLE BLVD			
SEMINOLE FL US		SEMINOLE FL 34642 US		3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 04/25/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2988447	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,
24	25 9 Name and Address of Currer		<u>'</u>	10. Name and Address of New R	
	<u> </u>	<u>F</u>	81 Name	HANNES PRENTZE	/_
HOFSTR	va, peter t		82 Street Addr	HANNES FREN72E less (P.O. Box Number is Not Acceptab SAILBOAT KE-1	le) B/40 4 (08
	MINOLE BLVD		83 79 17	2 SAILBOAT KEY	V ULYU, # 603
SEMINO	LE FL 34642			/	
			84 City Soul	TH PASADENA	FL 85 Zip Code 7
11. Pursuant to	the provisions of Sections 607,050	2 and 607.1508. Florida Statutes, the	ne above named corpor	ration submits this statement for the pur	pose of changing its registered office
or registere familiar witi	ed agent, or both, in the State of Flori n, and accept the obligations of, Soc	on/Such change was authorized b Ion 607.0505, Florida Statutes.	y the corporation's boa	ration submits this statement for the our rd of directors. Thereby accept the appo	biniment as registered agent. Form
SIGNATURE _	J Hoenkel	- JOHANNES	TREMIZEL	PS1. 03/	06-196
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PST	☐ DELETE	1. 1 TITLE		Change Addition
NAME	PRENTZEL, JOHANNES W.		1.2 NAME		
STREET ADDRESS	PENGALLY BAY RPI NOBEL ON		1.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE	VPD	DELETE	1.4 C/TY - ST - ZIP 2.1 TIFLE		Change Addition
NAME	KLINGER, JOSEPH		2.2 NAME		
STREET ADDRESS	29 LOCKDARE STR.		2 3 STPEET ADDRESS		!
CITY - ST-ZIP	SCARBOROUGH ON		2.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	S 1 TITLE		Change Addition
NAME	PRENTZEL, JOHANNES W. PENGALLY BAY		3.2 NAME		
STREET ADDRESS	RRI NOBEL ONT POGIGO (`ANADA	3.3 STREET ADORESS		
CITY-ST-ZIP TITLE	ANI NOBEL ON POSICO	DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		-
STREET ADDRESS			4 3 STREE! ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		Flores	5 4 CITY - ST - ZIP		Change Addition
TIFLE		☐ DELETE	6 1 TITLE		□ purage □ vocation
NAME			5.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	L		64 CITY - ST - ZIP		07(04) 5: 1. 0: 1. 1. 1. 4

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 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental agricular 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 trusted 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:

PST, PST

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06./96 813-360-2295

CR2E034 (12/95)