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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L35358

1. Corporation Name

Principal Place of Business

REDLEA INVESTMENTS U.S., INC.

%PETER T HOFSTRA 8640 SEMINOLE BLVD SEMINOLE FL 34642 US		7912 SAILBOAT KEY BLVD #603 SOUTH PASADENA FL 33707 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1989					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			App	lied For
21		26				59-2988447			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired		\$8.	75 A	ditional
22		27				5, Certificate of Status Desired		Fe	e Reg	uired
City & State City & State						6. Election Campaign Financing		\$5	۸ 00.	/lay Be
23	28				Trust Fund Contribution	لبا	Ad	ded to	Fees	
Zip	Country Zíp			y		8. This corporation owes the curre				_
24	25 29 30					Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent		
POETITE IOLIANDEO					Name					
PRENTZEL, JOHANNES 7912 SAILBOAT KEY BLD #603				82 Street Address (P.O. Box Number is Not Acceptable)						
	•									· _
500	TH PASADENA FL 33707		83	3						
			84	C	City		FI	85	Zip C	ode
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRE	CTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE					Cha	ange	☐ Addition
NAME	PRENTZEL, JOHANNES W.		1.2 NAME							
STREET ADDRESS	PENGALLY BAY		1.3 STREE	T ADO	ORESS					ļ
CITY-ST-ZIP	RPI NOBEL ON		1.4 CITY-5	ST-ZII	P					
TITLE	VPD	☐ DELETE	2.1 TITLE					☐ Cha	ange	☐ Addition
NAME	KLINGER, JOSEPH	+	2.2 NAME							
STREET ADDRESS	29 LOCKDARE STR. 23		2.3 STREE	2.3 STREET ADDRESS						
CITY-ST-ZIP	SCARBOROUGH ON 23		2.'4 CITY-	2.4 CITY-ST-ZIP			• • •			·
TITLE	D DELETE 3		3.1 TITLE					Cha	ange	Addition
NAME	PRENTZEL, JOHANNES W.		3.2 NAME							
STREET ADDRESS	PENGALLY BAY		3.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP	RRI NOBEL ONT POGIGO CAN		3.4. CITY-	ST-ZI	JP					
TITLE		☐ DELETE	4.1 TITLE					Ch:	ange	Addition
NAME			4. 2 NAME							
STREET ADDRESS	`		4.3 STREE	ET ADI	DRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZI	P					- A 1200
TITLE		☐ DETELE	5.1 TITLE)			Ch:	ange	Addition
NAME	•		5.2 NAME							
STREET ADDRESS		-	5.3 STREE		1					}
CITY-ST-ZIP			5.4 CITY-8	ST-ZII	P		· · · · ·			
TITLE	1	☐ DELETE	6.1 TITLE					Chi	ange	☐ Addition
NAME			6.2 NAME							
CTDCCT ADDDCCC			6.3 STREE	ET ADI	DRESS					

14. I 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 suppliemental annual report is true and accurate and ther 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, with all other like empowered.

6.4 CITY-ST-ZIP