FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 25 1998 8:00am
Secretary of State

DOCUMENT # L82437

1. Corporation Name
Tramaco, Inc.

Principal Place of Business
4729 Del Prado Blvd.
Cape Coral, FL 33904

Mailing Address
4729 Del Prado Blvd.
Cape Coral, FL 33904

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 04/02/97

2. Principal Place of Business: 21 1105 Cape Coral Pkwy E; 22 Suite C; 23 Cape Coral, FL; 24 Zip 33904; 25 Country USA

2a. Mailing Address: 26 1105 Cape Coral Pkwy E; 27 Suite C; 28 Cape Coral, FL; 29 Zip 33904; 30 Country USA

4. FEI Number: 65-0715992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent
Seemann,
4729 Del Prado Blvd.
Cape Coral, FL 33904

10. Name and Address of New Registered Agent
81 Name: Ernest A. Seemann
82 Street Address (P.O. Box Number is Not Acceptable): 1105 Cape Coral Pkwy. E., suite C
83
84 City: Cape Coral FL 85 Zip Code: 33904

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] 1/26/98
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 OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Rapp, Heinz	1.2 NAME	
STREET ADDRESS	Holzwiesstr. 27	1.3 STREET ADDRESS	
CITY-ST-ZIP	CH-8704 Herrliberg/Zürich SW	1.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Schmidt Elard	2.2 NAME	
STREET ADDRESS	3111 University Dr. Suite 725-7	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~Coral Springs, FL 33065~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET 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		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: [signature] 2/17/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #