

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M07230 (9)

1. Corporation Name

KUNKEL-WIESE, INC.



Principal Place of Business

Mailing Address

COCOLI, LOT 6
1500 SAN REMO AVE., SUITE 215
PANAMA AA 33146
US

UNIT 6105
1500 SAN REMO AVE., SUITE 215
F P O AA 34061
US

3. Date Incorporated or Qualified
10/30/1984

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Lot #6, Bruja Road

26 Unit #6105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Coceli Industrial Area

27

City & State

City & State

23 Coceli, Panama

28 F.P.O. AA

Zip

Zip

Country

Country

24 25 Rep. of Panama

29 34061

30 U.S.A.

4. FEI Number
98-0067471

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

10. Name and Address of New Registered Agent

STEEN, SAMUEL
1500 SAN REMO AVE
SUITE 215
CORAL GABLES FL 33146

81 Name

Albert Sueiras, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6419-C S.W. 40th Street

83

84 City

Miami

FL

85 Zip Code
33155

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 by a principal officer of registered agent and title (if applicable)

Albert Sueiras

(NOTE: Registered Agent signature required when reinstating)

2/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PDT

☐ DELETE

NAME

WIESE, JAMES J.

STREET ADDRESS

C/O KUNKEL-WIESE, INC UNIT 6105

CITY - ST - ZIP

F.P.O. AA

TITLE

VP

☐ DELETE

NAME

KUNKEL, FREDERICK G.

STREET ADDRESS

C/O KUNKEL-WIESE, INC UNIT 6105

CITY - ST - ZIP

F.P.O. M AA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

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5.1 TITLE

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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Wiese

2/29/96

011-507-272-6450

Date

Daytime Phone #

CR2E034 (12/95)