FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M46564

PERLEBERG PUBLISHER INC.

(4)

FILED

Mar 07 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						1 10010001 HT BESTA BINAS ADITA BINAS				
212 NE 33RD : FT LAUDERDAI			212 NE 33RD ST. FT LAUDERDALE FL 33334-1144							
						-	3. Date Incorporated or Qualified 02/13/1987	3a. Date 04/01	of Last R	leport
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number			pplied For
21		26					65-0001720		N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional
22		27								equired
City & State	7	City & State					6. Election Campaign Financing	m		May Be
23 Zip	Country	28		untry			Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30	шингу			8. This corporation has liability for in Florida Statutes	ntangible ta:] Yes [7]		. 199.032,
241	9. Name and Address of Curi		1301	1			10. Name and Address of New Re			
PFR	LEBERG, ACHIM			81	Nam			-		
	NE 33 STREET				Church		CO David and a New Assessment	(-)		
	T LAUDERDALE FL 33334			82	Stree	a Address	s (P.O. Box Number is Not Acceptab	10)		
				83						
					0.				I	O- 4-
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Stat	utes, the	above	e-name	d corpora	tion submits this statement for the p	urpose of cl	nanging i	ts registered
office or n agent. La	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Fiorida. Such change was ligations of, Section 607.0505, F	s authoriza Iorida Sta	ed by Stutes	/ the co s.	orporation	's board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE		g								
SIGIVATOR:	Signature, typed or printed name of regetered	agent and title it appricable. (No	OTE Register	ed Age	nt signat	ure required v	vhen reinstating)	DATE		
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC			
TITLE	PDC ACHINA	L_] DELETE		TITLE				ــا	_ Change	Addition
NAME	PERLEBERG, ACHIM		1.2	NAME						
STREET ADDRESS	212 NE 33 STREET		1.3	STREET	ADDRESS	s l				
CITY-ST-ZIP	FORT LAUDERDALE FL	T of the		CITY - S	T-ZIP		······································		10	T A A A STORES
TITLE	VST FRANKENHAUSER, MICHAI	☐ DELETE	- 1	TITLE		- [L	_ Change	Addition
NAME	212 NE 33 STREET	-L -		NAME						
STREET ADDRESS	FORT LAUDERDALE FL				ADDRES	S				
CHTY - ST - ZIP	M	DELETE		···	ST-ZIP				Change	Addition
TITLE	OEPEDA, PATRICIA SALA			TITLE				· L.	7 cusude	Magallan
NAME	212 NE 33 STREET	Carro		NAME						
STREET ADDRESS	FORT LAUDERDALE FL				ADDRES	5				
CITY - ST - ZIP TITLE	TOTAL DISPLIES	DELETE		TITLE	ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME		Em) precie	1	NAME		-		L	0.11.190	
STREET ADDRESS					ADDRES:					
			- 8			<u> </u>				
City-ST-7#*		DELETE		CITY - S TITLE	11 - YIL			Г	Change	Addition
NAME				NAME]				
STREET ADDRESS			- 1		ADDRES	s				
CHY-S!-ZIP				CITY-S		-				
TITLE		☐ DELETE		TITLE			Name of the same o		Change	Addition
NAME			-	NAME					-	
STREET ADDRESS			1		ADDRES	s				
CITY - \$1 - 7IP				CITY-5						
	by certify that the information supp	hed with this filing does not qua				stated in	Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the

. 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 suppliemental 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 this corporation or the receiver Ontrustee 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 BIGNING OFFICER OR DIRECTOR

3/3/97

954 126 8919