

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M72562** (5)

1. Corporation Name  
**TARRAWEK, INC.**



Principal Place of Business <b>C/O ANKE BACKER 2209 LEE ROAD, ZOM LEE OFFICE CENTER WINTER PARK FL 32789 US</b>	Mailing Address <b>C/O ANKE BACKER 2209 LEE ROAD, ZOM LEE OFFICE CENTER WINTER PARK FL 32789 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1950 Summit Park Drive</b> Suite, Apt. #, etc. 22 <b>Suite 300</b> City & State 23 <b>Orlando, FL</b> Zip 32810 Country USA	2a. Mailing Address 26 <b>1950 Summit Park Drive</b> Suite, Apt. #, etc. 27 <b>Suite 300</b> City & State 28 <b>Orlando, FL</b> Zip 32810 Country USA
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3. Date Incorporated or Qualified <b>03/16/1988</b>	4. FEI Number <b>59-2885721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BACKER, ANKE  
ZOM LEE OFFICE CENTER  
2209 LEE ROAD  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81 Name **BACKER, Anke**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1950 Summit Park Drive**  
83 **Suite 300**  
84 City **Orlando** FL 85 Zip Code **32810**

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 *Florian von Meiss* DATE **1/15/98**  
Signature: typed or printed name of registered agent as of date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VON MEISS, FLORIAN</b>
STREET ADDRESS	<b>USTERISTRASSE 14</b>
CITY-ST-ZIP	<b>CH-8021 ZURICH, SWIT</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<del>MEISS, FLORIAN</del>
STREET ADDRESS	<del>USTERISTRASSE 14</del>
CITY-ST-ZIP	<del>CH-8021 ZURICH, SWIT</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>BLUM CLAUDE</b>
23 STREET ADDRESS	<b>USTERISTRASSE 14</b>
24 CITY-ST-ZIP	<b>CH-8021 ZURICH, SWIT</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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 *Florian von Meiss* DATE **April 17, 1998** +41-1-2119888

CR2E034 (10/97)