2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # P0000000173** N.A.L.A. INVESTMENT, INC. 03-22-2001 90059 049 ***150.00 Principal Place of Business Mailing Address 4531 DELEON STREET 4531 DELEON STREET SUITE 110 SUITE 110 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address M STEINHEIMER GRUND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 63450 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired GERMAN' Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ONA KUTGER SPIEGEL & UTRERA, P.A. Street Address (P.O. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 3390 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 2 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSID Addition Change CR2E034 (10/00) MILE ☐ Delete TITLE KUTGER, ILONA NAME NAME 4531 DELEON STREET STREET ADDRESS STREET ADORESS FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZIF ITTLE ☐ Delete TITLE Change Addition KUTGER, KLAUS NAME NAME **4531 DELEON STREET** STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-2IP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Forida Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my plame appears in Block 11 or Block 12 in of the corporation or the receiver changed, or on an attachment w SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR Davima Phone 5

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