SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20287** **(9)**

1. Corporation Name

OLD OAKFIELD CORPORATION

Principal Place of Business	Mailing Address
32 LOCKERMAN SQ STE L100 DOVER DE 19901 US	32 LOCKERMAN SQ STE L100 DOVER DE 19901 US

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address: 32464 Crown Valley Pkwy	3. Date Incorporated or Qualified: 08/01/1988	3a. Date of Last Report: 03/16/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: c/o G. Frei Apt# 107	4. FEI Number: 58-1796429	☐ Applied For ☐ Not Applicable
23 City & State	28 City & State: Dana Point, California	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip: 92629 / 30 Country: USA	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
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

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: _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE		☐ Change ☐ Addition
12 NAME	FREI, DORA	12 NAME		
13 STREET ADDRESS	APT. 17A LA NATIONALE	13 STREET ADDRESS		
14 CITY ST ZIP	3962 MONTANA	14 CITY ST ZIP		
21 TITLE	VD	21 TITLE		☐ Change ☐ Addition
22 NAME	FREI, MONIKA B.	22 NAME		
23 STREET ADDRESS	1, PLACE DES CHARMILLES	23 STREET ADDRESS		
24 CITY ST ZIP	1203 GENEVE	24 CITY ST ZIP		
31 TITLE	S	31 TITLE	SD	☒ Change ☐ Addition
32 NAME	BRICKER, WILLIAM L.	32 NAME	Bickel, Alexander H.	
33 STREET ADDRESS	101 PARK AVENUE	33 STREET ADDRESS	32464 Crown Valley Pkwy #107	
34 CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	Dana Point, Ca 92629	
41 TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
42 NAME	FREI, GABRIELA R.	42 NAME	Frei, Gabriela R.	
43 STREET ADDRESS	2, WOLFETSLOHSTER	43 STREET ADDRESS	32464 Crown Valley Pkwy #107	
44 CITY ST ZIP	8907 WETTSWIL	44 CITY ST ZIP	Dana Point, Ca 92629	
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, 2 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Gabriela R. Frei Gabriela R. Frei 7/18/95 (714) 443-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (DAYTIME TELEPHONE NUMBER)

0174081 FP