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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31075 (5)
1. Corporation Name
SUNTAN CORPORATION AKTIENGESELLSCHAFT



Principal Place of Business

C/O HUGHES, SNELL & CO., P.A.
2804 DEL PRADO BLVD., STE 109
CAPE CORAL FL 33904

Mailing Address

C/O HUGHES, SNELL & CO., P.A.
2804 DEL PRADO BLVD., STE 109
CAPE CORAL FL 33904-7219

2. Principal Place of Business

21 Kevin M. Burns & Assoc PA
Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Kevin M. Burns & Assoc PA
Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/19/1990

3a. Date of Last Report

04/19/1996

4. FEI Number

98-0104887

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

AYERS, ROBERT J.
802 SOUTHEAST 47TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIGGENBACH, ANDREAS, DR.
STREET ADDRESS ENGELGASSE 102, 4042
CITY-ST-ZIP BASLE, SWITZERLAND

TITLE V ☐ DELETE

NAME MARXER, PETER, DR.
STREET ADDRESS HEILIGKREUZ 6, 9490
CITY-ST-ZIP VADUZ, LIECHTENSTEIN

TITLE D ☐ DELETE

NAME GOOP, PETER, DR.
STREET ADDRESS POSTFACH 484
CITY-ST-ZIP FURSTENTUM, LIECHTENS

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Andreas Riegenbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

(944) 542-1576

CR2E034 (9/96)