

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32626

(4)

1. Corporation Name

TROLI INC.

Principal Place of Business

ATTN: PETER C. LINZMEYER, ESQUIRE
3000 K ST., NW, STE 500
WASHINGTON DC 20007-5109
US

Mailing Address

ATTN: PETER C. LINZMEYER, ESQUIRE
3000 K ST., NW, STE. 500
WASHINGTON DC 20007-5109
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

52-1716800

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	MEDERER, HERBERT
STREET ADDRESS	%POSTFACH 2045
CITY - ST - ZIP	FUERTH, GERMANY-W
TITLE	VD
NAME	MINSKI, JOSE
STREET ADDRESS	2525 DAVIE ROAD, STE. 330
CITY - ST - ZIP	DAVIE FL
TITLE	VSD
NAME	LINZMEYER, PETER C.
STREET ADDRESS	3000 K ST., N.W., STE. 500
CITY - ST - ZIP	WASHINGTON DC
TITLE	D
NAME	MEDERER, HILDEGARDE
STREET ADDRESS	%POSTFACH 2045
CITY - ST - ZIP	FUERTH, GERMANY-W
TITLE	D
NAME	GILINSKI, MAX
STREET ADDRESS	%CALLE 80, NO. 78B-12B
CITY - ST - ZIP	BARRANQUILLA, COLOMBIA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P/T/D	☒ Change ☐ Addition
1.2 NAME	MEDERER, HERBERT	
1.3 STREET ADDRESS	OSTSTRASSE 94	
1.4 CITY - ST - ZIP	D-90763 FUERTH, GERMANY	☒ Change ☐ Addition
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	MINSKI, JOSE	
2.3 STREET ADDRESS	STE 300, 7951 SW 6TH ST.	
2.4 CITY - ST - ZIP	PLANTATION, FL 33324	☒ Change ☐ Addition
3.1 TITLE	V/S/D	☒ Change ☐ Addition
3.2 NAME	LINZMEYER, PETER C.	
3.3 STREET ADDRESS	3000 K ST., NW, STE 500	
3.4 CITY - ST - ZIP	WASHINGTON, DC 20007	☒ Change ☐ Addition
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	MEDERER, HILDEGARD	
4.3 STREET ADDRESS	SPERBERSTRASSE 24	
4.4 CITY - ST - ZIP	D-90768 FUERTH, GERMANY	☒ Change ☐ Addition
5.1 TITLE	MAX GILINSKY IS NO LONGER A	
5.2 NAME	DIRECTOR.	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 007, 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 SIGNING OFFICER OR DIRECTOR

linzmyer

4/24/95

(202) 672-5300