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CORPORATION
ANNUAL REPORT
1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # P38518 (7)

P93054772
ROHDE & LIESENFELD, INC.
2050 NW 93RD AVE
MIAMI FL 33172-2924

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 04/21/1992
3a. Date of Last Report: 03/25/1992
4. FEI Number: 132859141 (Applied For if Applicable)

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principle Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BERNSTEIN, SCOTT M
1001 S. BAYSHORE DR
SUITE 2600
MIAMI FL 33131

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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 a 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 _____
(Registered Agent's Signature)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	C	1.1 TITLE	
1.2 NAME	LIESENFELD, DIETER	1.2 NAME	
1.3 ADDRESS	MAYERHOFSTRASSE 9	1.3 ADDRESS	
1.4 CITY ST ZIP	HAMBURG 52 W GERMANY	1.4 CITY ST ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	KNAACK, WERNER	2.2 NAME	
2.3 ADDRESS	PERLBERGWEG 39 2000 HAMB	2.3 ADDRESS	
2.4 CITY ST ZIP	URG 65 GERMANY	2.4 CITY ST ZIP	
3.1 TITLE	P	3.1 TITLE	
3.2 NAME	LIESENFELD, BODO	3.2 NAME	
3.3 ADDRESS	HOLWIETE 8C	3.3 ADDRESS	
3.4 CITY ST ZIP	HAMBERG 52 W GERMANY	3.4 CITY ST ZIP	
4.1 TITLE	V	4.1 TITLE	
4.2 NAME	BERINGER, JAN	4.2 NAME	
4.3 ADDRESS	ONE WORLD TRADE CENTER	4.3 ADDRESS	
4.4 CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP	
5.1 TITLE	S	5.1 TITLE	
5.2 NAME	ENKISCH, JOACHIM	5.2 NAME	
5.3 ADDRESS	DUENENWEG 8 2200 ELMSHOR	5.3 ADDRESS	
5.4 CITY ST ZIP	N GERMANY	5.4 CITY ST ZIP	
6.1 TITLE	T	6.1 TITLE	
6.2 NAME	MACKE, CARL PETER	6.2 NAME	
6.3 ADDRESS	RISSNENER LANDSTR. 155	6.3 ADDRESS	
6.4 CITY ST ZIP	HAMBURG GERMANY	6.4 CITY ST ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 3-8-93

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
JAN BERINGER.	EXEC. VICE PRESIDENT	(212) 432-1200