

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 28 PM 4: 00**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P93000006626 (4)**

**1. Corporation Name**  
**DER FLUGWEG INC.**

**Principal Place of Business**      **Mailing Address**  
**6270 N.W. 64TH STREET**      **6270 N.W. 64TH STREET**  
**MIAMI FL 33106**      **MIAMI FL 33106**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**01/25/1993**      **09/30/1994**

**4. FEI Number**      **Applied For**  
**65-0417427**       **Not Applicable**

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**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**

**2. Principal Place of Business**      **2a. Mailing Address**

**21** **8574 N.W. 56TH ST.**      **26** **SAME**

**22** **Suite, Apt. #, etc. Miami, Florida**      **27** **Suite, Apt. #, etc.**

**23** **City & State**      **28** **City & State**

**24** **Zip 33166**      **25** **Country USA**      **29** **Zip 33166**      **30** **Country**

**9. Name and Address of Current Registered Agent**

**RASCH, ENRIQUE D**  
**6270 N.W. 64TH STREET**  
**MIAMI FL 33106**

**10. Name and Address of New Registered Agent**

**81** **Name**

**82** **Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84** **City**      **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 remaining)**      **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DVP</b>
<b>NAME</b>	<b>RASCH, ENRIQUE D</b>
<b>STREET ADDRESS</b>	<b>6270 N.W. 64TH STREET</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33106</b>
<b>TITLE</b>	<b>M</b>
<b>NAME</b>	<b>GARCIA, HERMAN</b>
<b>STREET ADDRESS</b>	<b>8574 NW 56 ST</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33166</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>MARIA C. SUAREZ</b>
<b>STREET ADDRESS</b>	<b>8574 NW 56 ST</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI, FL 33166</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	<b>8574 NW 56 ST</b>
<b>1.4 CITY - ST - ZIP</b>	<b>MIAMI, FL 33166</b>
<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(3)(b), 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 as an attachment with an address.**

**SIGNATURE:** *Enrique D. Rasch*      **ENRIQUE D. RASCH**      **23 Feb 95**      **(305) 593-8570**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Typed Name**