**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90184 045 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000011387

1. Corporation Name

DRAGA INVESTMENTS, INC.

Principal Place of Business Mailing Address							{	B (BUBB ISIN BAND BAND B	<b>e</b> hii <b>ho</b> idi (i		ikit inat tant
			3035 BAY SHORE RD								
SARASOTA FL			SARASOTA FL 34234				DO NOT MIDITE IN THE OBACE				
US			US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
							1				
		1 4 14 14			_		02/15/1993 4. FEI Number	)			olied For
	ace of Business	<del></del> 1	ing Address				65-038290	1		<del></del>	Applicable
21	#	26 Suit	a Ant # etc				007030290			\$8.75 A	
Suite, Apt.	#, etc.	<u> </u>	e, Apt. #, etc.				5. Certificate of S	tatus Desired	ב	Fee Re	
City & Stat		27 City	City & State				6 Floation Comp	alan Einancina		\$5.00	May Ro
City & Stat	3	<u> </u>	<u> </u>				6. Election Camp Trust Fund Co		]	Added to	- 1
Zip	Country	Zip		Count			<del></del>	on owes the current	vear Inta		
<b>─</b> `	25	29		30	•		Personal Prop				□No
24	9. Name and Address of Curre		l Agent	1001				dress of New Regi	istered A	gent	
				8	1 Nam	е					
MIPEC MANAGEMENT, INC					-		(D O B N h				
3035 BAY SHORE RD			8	2 Stree	et Addres	ess (P.O. Box Number is Not Acceptable)				ĺ	
SAR	ASOTA FL 34234							<del></del>	-		
					_			<del></del>		TI	
				8	4 City			-	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.05	02 and 607.15	i08, Florida Statu	ites, the abo	_\ ve-name	d corpo	ration submits this s	tatement for the pur	pose of c	hanging its	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. St	uch change was .	authorized b	y the co	rporation	n's board of directors	s. I hereby accept th	e appoin	tment as req	gistered
agent. r a	m tamiliar with, and accept the oblig	jations of, Sec	1011 007.0303, 11	orioa Statute							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applic	able. (NOT	E: Registered Ag	ent signatu	beniupen er	when reinstating)	<del></del> -	DATE		
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CH	IANGES TO OFFIC	ERS AND	DIRECTO	
TITLE	VP		☑ DELETE	1.1 TITLE		V.F	·	4.		TY Change	☐ Addition
NAME	KOPANIA, GUNTER H			1.2 NAM		Kc	opania, Go to South	JATES II		14 11 2	
STREET ADDRESS	435 L'AMBIANCE DR., #K-80	6		1.3 STRE	ETADDRES	is 34	40 SOUTH	. Palm A	ve.=	<del>TF</del> 11 S	
CITY-ST-ZIP	LONGBOAT KEY FL			14 CITY-	ST-ZIP	Sa	erasota,	FL 342	36		
TITLE	P		N DELETE	2.1 TITLE		$\sim$				🔯 Change	Addition
NAME	DRAGA, HELGA			2.2 NAMI	:	DY.	raga, Hel	ga			i
STREET ADDRESS	435 L'AMBIANCE DR., #K-80	6		2.3 STRE	ET ADDRES	s 34	ro'south	Palm A.	10.4	<i>‡ 113</i>	}
CITY-ST-ZIP	LONGBOAT KEY FL			2.4 CITY	-ST-ZIP	-50	arasota	FL 342	236		
TITLE	VP		☐ DELETE	3 1 TITLE				· ·		☐ Change	☐ Addition
NAME	LANG, KLAUS A			3.2 NAM							
STREET ADDRESS	3035 BAY SHORE RD			3.3 STRE	ET ADDRES	ss					l
CITY-ST-ZIP	SARASOTA FL 34234			3.4. CITY	-ST-ZIP	·					
TITLE			☐ DELETE	4.1 TITLE			<u>.</u>			Change	☐ Addition
NAME				4.2 NAM	E	1					(
STREET ADDRESS				4.3 STRE	ET ADDRES	ss					
CITY-ST-ZIP				4.4 CITY	ST-ZIP		=				
TITLE			DELETE	5.1 TITUS						☐ Change	☐ Addition
NAME				5.2 NAM	•						
STREET ADDRESS				5.3 STRE	ET ADDRES	SS					٠,
CITY-ST-ZIP				5.4 CITY	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE				<u></u>		☐ Change	☐ Addition
	ł .										
NAME				6.2 NAM			•				

14. I 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR