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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P93000026378 (8)

SCHROTH INTERNATIONAL, INC.

Principal Place of Business Mailing Address C/O 250 CATALONIA AVENUE 104 CRANDON BLVD SHITE 423 SUITE 705 KEY BISCAYNE FL 33149 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0422118 21 Not Applicable 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRAVERSO, JUAN 104 CRANDON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 423 83 KEY BISCAYNE FL 33149 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE SCHROTH, WALTER 1.2 NAME NAME 104 CRANDON BLVD SUITE 423 STREET ADDRESS 1.3 STREET ADDRESS KEY BISCAYNE FL 1.4 CITY-ST-ZIP City-St-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ■ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME

SIGNATURE: \_\_\_

Block 12 or Block 13 if changed, or on an attachin

STREET ADDRESS

CITY-ST-ZIP

Walter Schroth

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

April 15, 1998

(305)361-9411

**FILED** 

Apr 27 1998 8:00am

Secretary of State

14. I hereby certify that the information supplied with this fling trees 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 subust theory 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 received of type 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 attacting his with an address