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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # P93000035348 (0)

1. Corporation Name
BLACKFOREST INVEST & DEVIZE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
EUROPEAN TRADE CENTER 205 N COLLIER BLVD MARCO ISLAND FL 33937 US	EUROPEAN TRADE CENTER 205 N. COLLIER BLVD. MARCO ISLAND FL 33937 US

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 205 N Collier Blvd	26 205 N Collier Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marco Island, FL	City & State 28 Marco Island, FL
Zip 24 33937 Country 25 US	Zip 29 33937 Country 30 US

4. FEI Number: 65-0409244 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

ADRIAN, ANDREAS
205 N COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: HOFMANN, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 5277 TREE TOPS DRIVE
83
84 City: NAPLES FL 85 Zip Code: 33962

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: HOFMANN, President (Signature of or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 02-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTC	1.1 TITLE	PTC	☒ Change ☐ Addition
NAME	HOFMANN, WALTER	1.2 NAME	HOFMANN WALTER	
STREET ADDRESS	ADOLT-SENGER STR. 3	1.3 STREET ADDRESS	5277 TREE TOPS DRIVE	
CITY-ST-ZIP	79618 RHEINFELDEN GE	1.4 CITY-ST-ZIP	NAPLES FL 33962	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	BOOS, WALTER	2.2 NAME		
STREET ADDRESS	AM SONNENRAIN 79	2.3 STREET ADDRESS		
CITY-ST-ZIP	79539 LOERRACH GE	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BUTZ, NIKLAUS	3.2 NAME	BUTZ, NIKLAUS	
STREET ADDRESS	BERGWERN STR. 16	3.3 STREET ADDRESS	5245 TREE TOPS DRIVE	
CITY-ST-ZIP	79688 HAUSEN GE	3.4 CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	OEHRI, GEARI	4.2 NAME	ENGESSER, WALTER	
STREET ADDRESS	DR - JOSEF-HOOP STR. 504	4.3 STREET ADDRESS	DR-JOSEF-HOOP STR 504	
CITY-ST-ZIP	ESCHEN LI	4.4 CITY-ST-ZIP	ESCHEN LI	
TITLE	D	5.1 TITLE	D REINHARZ, ROLF	☐ Change ☒ Addition
NAME	HERZOG, ANNEMARIE	5.2 NAME	RIMSINGER WEG 16	
STREET ADDRESS	MATTNSTR.55	5.3 STREET ADDRESS	79-611 FRISBURG GERMANY	
CITY-ST-ZIP	CH-4057 SW	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S	☐ Change ☒ Addition
NAME	ADRIAN, ANDREAS R PHD	6.2 NAME	SCHIMEIC, ROBERT	
STREET ADDRESS	205 COLLIER BLVD.	6.3 STREET ADDRESS	1750 HUMMINGBIRD COURT	
CITY-ST-ZIP	MARCO ISLAND FL	6.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	

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)(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.

SIGNATURE: HOFMANN 02-17-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

032A00 CP