いじこ UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **P93000041983** KAMO INVESTMENT GROUP U.S.A., INC. 02-22-2000 90023 037 ***150.00 Principal Place of Business Mailing Address 382 FIFTH AVENUE 382 FIFTH AVENUE NAPLES FL 33940 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0439859 Not Applicable Zip Country Ζiρ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TODD, GUDRUN Street Address (P.O. Box Number is Not Acceptable) 382 FIFTH AVNUE SOUTH NAPLES FL 33940 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Change Delete JURS, KAY H NAME Sievershuettener Strasse 29 STREET ADDRESS KAMPER WEG 26 24568 Kattendorf-Weeden Germany CITY-ST-ZIP ST-ZIP W-2358 KALTENKIRCHEN GR Change Addition ☐ Delete TITLE NAME JURS, MONIKA Sievershuettener Strasse 29 STREET ADDRESS KAMPER WEG 26 KIMBECE 24568 Kattendorf-Weeden CITY-ST-ZIP Germany ST-7P W-2358 KALTENKIRCHEN GR Change ☐ Addition TITLE Delete JURS, THORSTEN NAME Sievershuettener Strasse 29 STREET ADDRESS KAMPER WEG 26 CITY-ST-ZIP 24568 Kattendorf-Weeden Germany ST-ZIP W-2358 KALTENKIRCHEN GR ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS 1000000 ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDRECK CITY-ST-ZIP ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP

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 report of supplemental 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 jectiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an with all other like empowered.

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