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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058709 (5)

MITTEL AGENCY SERVICE	S, INC.	
Principal Place of Business	Mailing Address	
713 WHITEHEAD STREET KEY WEST FL 33040 US	713 WHITEHEAD STREET KEY WEST FL 33040 US	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	

FILED Apr 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1993 4. FFI Number Applied For 65-0448155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FISCHER, PETER risc HER, FRIEDERIKE 713 WHITEHEAD STREET 82 KEY WEST FL 33040 83 WEST 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. Thereby accept the appointment as registered agent. I am language with a account the originations of, Section 607.0505, Florida Statutes. Hisches mied wike SIGNATURE OFFICIAS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition TITLE GRANEL, ROSWITHA 1.2 NAME NAME 713 WHITEHEAD STREET STREET ADDRESS 1.3 STREET ADDRESS **KEY WEST FL** CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 217/116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY - S1 - Z(P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 5.1 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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.

ROSWIUM

04/02/98