PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Katherine Harris ,

Secretary of State DIVISION OF CORPORATIONS Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90010 025 \*\*\*150.00

**FILED** 

1999

| DOCUMENT # No Document # 1. Corporation Name P9400014170 |  |   |                                |                               |                      |   |                                   |                          |                        |                 |
|--|--|---|--------------------------------|-------------------------------|----------------------|---|-----------------------------------|--------------------------|------------------------|-----------------|
| HANSA U.S.A. CORP.                                       |  |   |                                |                               |                      |   |                                   |                          |                        |                 |
|  |  |   |                                |                               | Ì                    |   |                                   |                          |                        |                 |
| Principal Pla  | ce of Business   | Mailing Address   |                                |                               |                      |   |                                   |                          |                        |                 |
| 2651 NW 11212 Ave 2654 NW                                |  |   |                                | HUE                           | ?                    |   |                                   | ~                        |                        |                 |
| Miami, Fl 33172 Miami, Fl                                |  |   |                                | 33172                         |                      | DO NOT WR   | ITE IN THIS SI                    | PACE                     |                        |                 |
| บร   |  |   |                                |                               |                      | 3. Date incorporated or Qualifed  |                                   |                          |                        | 7               |
| <u></u>  |  |   |                                |                               | 1                    | 2/21/94   | 1                                 |                          |                        |                 |
| 2. Principal Place of Business 2a. Mailing Addr          |  |   |                                |                               |                      | 4. FEI Number   | ~                                 | <del></del>              | plied For              | ]               |
| 21 Suite Ant   | 26 Suite Ant # ata   | at # ata  |                                |                               | <u>65-057312</u>     | <u> </u>  | <del></del>                       | t Applicable             | 4                      |                 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27               |  |   |                                |                               |                      | 5. Certificate of Status Desired  |                                   | \$8.75 /<br>Fee Re       |                        |                 |
| 22   |  |   |                                |                               |                      | 6. Election Campaign Financing  |                                   | \$5.00                   |                        | 1               |
| 23 28  |  |   | المنا يسترحن                   |                               |                      | - Trust Fund Contribution -   |                                   | ~Added                   |                        |                 |
| Zip  |  |   | Country                        |                               |                      | 8. This corporation owes the cur  |                                   | _                        |                        | 1               |
| 24   |  |   |                                |                               |                      | Personal Property Tax.  |                                   | Yes                      | □No                    | 1               |
| 9. Name and Address of Current Registered Agent          |  |   |                                | 1 Name                        |                      | 10. Name and Address of New   | Registered Ag                     | ent                      |                        | ┥               |
| Fulford, R. William                                      |  |   |                                |                               | $\omega_{l}$         |   | 010                               |                          |                        | 1               |
| 2654 NW 112th Ave  |  |   |                                | 2 Street                      | Address<br>2しら       | (P.O. Box Number is Not Accept  | HU (2.                            |                          |                        | 1               |
| : M.Aml, Pl 33172  |  |   |                                | 3                             |                      |   | <del> </del>                      |                          |                        | 1               |
| 71111111, 1 2 3 3 1 1                                    |  |   |                                | 4 City                        |                      |   |                                   | 85 Zip C                 | ode                    | ĺ               |
| ·  |  |   |                                |                               | MIA.                 | <u>m`</u>   | FL                                |                          | 172                    |                 |
| 11. Pursuant<br>office or i<br>agent. I a                | to the provisions of Sections 607.0502 : registered agent, or both, in the State of am femiliar with, and agreept the obligation | and 607.1508, Florida Statutes,<br>Florida. Such change was auth<br>ris,o1, Section,607,0505, Florida | the abo<br>orized b<br>Statute | ve-named<br>y the corpo<br>s. | corpora<br>oration's | tion submits this statement for the<br>board of directors. I hereby accel | purpose of cha<br>pt the appointm | inging its<br>ent as reg | registered<br>gistered |                 |
| SIGNATURE  | win A huys   | 6/11/59   |                                |                               |                      |   |                                   |                          |                        | ĺ               |
| 12.  | Signature, typed or printed riame of registered agent a<br>OFFICERS AND  |   | gistered Ag                    | ent signalure n               | equired wh           | en reinstating) ADDITIONS/CHANGES TO OF                                   | DATE<br>EICERS AND I              | NECTO                    | DS IN 12               | ₹<br>1          |
| TITLE  | president  | DELETE  | 1,11111                        |                               |                      | AUDITIONS/CHANGES TO OF   |                                   | Change                   | Addition               | ₹               |
| NAME   |  |   | 1.2 NAME<br>1.3 STREET ADDRESS |                               |                      |   | _                                 |                          |                        | CR2E034 (11/98) |
| STREET ADDRESS   |  |   |                                |                               |                      |   |                                   |                          |                        |                 |
| CITY-ST-ZIP  | Miami, Fl 33196  |   | 1.4 CTY-                       |                               |                      |   |                                   |                          |                        | 12              |
| TITLE  | SECRETARY DELETE   |   | 2.1 TITLE                      |                               |                      |   |                                   | ] Change                 | ☐ Addition             | 0               |
| NAME   | KADUR K., Gislene APT#   |   | 22 NAME                        |                               |                      |   |                                   |                          |                        | 1               |
| STREET ADDRESS   |  |   | 2.3 STREET ADDRESS             |                               | ı                    |   |                                   |                          |                        | }               |
| TITLE  | VICE Presipen  |   |                                | 2.4 CITY-ST-ZIP<br>3.1 TITLE  |                      |   |                                   | Change                   | Addition               | l               |
| NAME   | FUIFOLD, R. WILLIAM  |   | 32 NAME                        |                               |                      |   |                                   |                          |                        | 1               |
| STREET ADDRESS   | MAMIII WIN 1601  |   | 3.3 STREET ADDRESS             |                               |                      |   |                                   |                          |                        | }               |
| CITY ST-ZIP  | COTAL SPFINGS F  |   | 3.4. C/TY-                     | ST-ZIP                        |                      |   |                                   |                          |                        |                 |
| TITLE  |  | ☐ DELETE  | 41 TITLE                       | }                             |                      |   |                                   | ] Change                 | Addition               | }               |
| NAME   |  |   | 4. 2 NAME                      |                               |                      |   |                                   |                          |                        |                 |
| STREET ADDRESS   |  |   |                                | TADORESS                      |                      |   |                                   |                          |                        |                 |
| CITY-ST-ZIP<br>TITLE                                     | <del></del>  | ☐ DELETE  | 4.4 CATY-ST-ZIP<br>5.1 TITLE   |                               |                      |   |                                   | Change                   | ☐ Addition             |                 |
| NAME   |  |   | 52 NAME                        | Ī                             |                      |   |                                   | -                        |                        |                 |
| STREET ADORESS   |  |   | 5.3 STREE                      | TADDRESS                      |                      |   |                                   |                          | ļ                      |                 |
| CITY-ST-ZIP  |  |   | 5.4 CITY-1                     | ST-ZIP                        |                      |   |                                   |                          |                        |                 |
| πle  |  | ☐ DELETE  | 6.1 TITLE                      |                               |                      |   |                                   | Change                   | Addition               |                 |
| NAME   |  | 1   | 62 NAME                        | T ADODECC                     |                      |   |                                   |                          | ł                      |                 |
| STREET ADDRESS   |  |   | 6.4 CITY-S                     | TADDRESS                      |                      |   |                                   |                          |                        |                 |
| 14. I hereby c   | ertify that the information supplied with t  | his filing does not qualify for the   |                                |                               | in Section           | on 119.07(3Xi), Florida Statutes 1  | further centify t                 | hat the inf              | ormation               |                 |
|  |  |   |                                |                               |                      |   |                                   |                          |                        |                 |

indicated on this annual report or supplies with ring does not quality for the exemptor stated in Section 113.07(3)(i). Profice Statutes, I further centry that the 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.