FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067383 (7)

1. Corporation Name
INVASA CORPORATION

Principal Place of Business	Mailing Address
POST OFFICE BOX 524392 MIAMI FL 33152	POST OFFICE BOX 524392 MIAMI FL 33152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0529852 ☐ 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

RIFAS, HAROLD M
7900 RED ROAD STE. 25
SO. MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SENGELMANN, PETER	1.2 NAME	SENGELMANN, PETER	
STREET ADDRESS	2315 NW 107TH AVENUE	1.3 STREET ADDRESS	9334 SW 212 TERR.	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SENGELMANN, KLAUS	2.2 NAME	SENGELMANN, KLAUS	
STREET ADDRESS	2315 NW 107TH AVENUE	2.3 STREET ADDRESS	P.O. BOX 1183	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	3.1 TITLE	T	☒ Change ☐ Addition
NAME	SENGELMANN, JUERGEN	3.2 NAME	SENGELMANN, JUERGEN	
STREET ADDRESS	2315 NW 107TH AVENUE	3.3 STREET ADDRESS	7504 S.W. 105 PL.	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	D	4.1 TITLE	S	☐ Change ☒ Addition
NAME	SENGELMANN, TOM	4.2 NAME	SENGELMANN, TOM	
STREET ADDRESS	10184 SW 139 PL	4.3 STREET ADDRESS	10184 SW 139 PL	
CITY-ST-ZIP	MIAMI, FL 33186	4.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: PETER SENGELMANN 2/9/95 305-591-3177
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0163102 CP