

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # P94000067383 (7)

1. Corporation Name
INVASA CORPORATION

Principal Place of Business
POST OFFICE BOX 524392
MIAMI FL 33152

Mailing Address
POST OFFICE BOX 524392
MIAMI FL 33152-4392



3. Date Incorporated or Qualified 09/09/1994
3a. Date of Last Report 02/06/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature type, do printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SENNELMANN, PETER
STREET ADDRESS 9334 SW 212 TERR.
CITY-ST-ZIP MIAMI FL
OK

1.1 TITLE
1.2 NAME NO CHANGE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME SENNELMANN, KLAUS
STREET ADDRESS P. O. BOX 1183
CITY-ST-ZIP LOXAHATCHEE FL
OK

2.1 TITLE V
2.2 NAME SENNELMANN, KLAUS
2.3 STREET ADDRESS 1147 READING TERR
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE T
NAME SENNELMANN, JUERGEN
STREET ADDRESS 7504 S. W. 105 PL
CITY-ST-ZIP MIAMI FL
OK

3.1 TITLE
3.2 NAME NO CHANGE
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME SENNELMAN, TOM
STREET ADDRESS 10184 SW 139TH PLACE
CITY-ST-ZIP MIAMI FL 33186
OK

4.1 TITLE
4.2 NAME NO CHANGE
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 SENNELMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 305-891-3197
Date Daytime Phone #

CR2E034 (9/96)