FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

96 AUG 22 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068852 (0)**

1. Corporation Name
MKM CONSULT INC.

Principal Place of Business
~~300 71ST ST.~~
~~SUITE 405~~
~~MIAMI BEACH FL 33141~~

Mailing Address
C/O UTA S. GROVE, ESQ.
P.O. BOX 777
ST. PETERSBURG FL 33731

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business
21 C/O GERLINDE KOBOLD
Suite, Apt #, etc
22 SODENER STRASSE 120
City & State
23 D 65779 KELKHEIM
Zip 24
Country 25 GERMANY

2a. Mailing Address
26
Suite, Apt #, etc 27
City & State 28
Zip 29
Country 30

4. FEI Number ~~APPLIED FOR~~ 65-0685201 — 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
UTA, GROVE S
520 FOURTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL ~~33741~~ 33701

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 33701

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 typed or printed name of registered agent and title if any above) (NOTE: Registered Agent signature required when not stating) DATE 02-23-96

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☐ DELETE
NAME	KOBOLD, GERLINDE
STREET ADDRESS	C/O 520 FOURTH STREET NORTH, 2ND FLOOR
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	200001940102
3.3 STREET ADDRESS	-09/05/96--01083--033
3.4 CITY-ST-ZIP	****200.00 ****200.00
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	200001940102
4.3 STREET ADDRESS	-09/05/96--01083--034
4.4 CITY-ST-ZIP	*****25.00 *****25.00
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

G. Alan 8-23-96

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)(k), 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: _____ GERLINDE KOBOLD 02-23-96 813823 5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)