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

DOCUMENT # P94000070091

1. Corporation Name

CSC CIDER SPRINGS COMPANY

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
9/23/94	8/3/95

2. Principal Place of Business	2a. Mailing Address
21 5310 NW 33 Ave	26 5310 NW 33 Ave
22 Suite, Apt. #, etc. STE 110	27 Suite, Apt. #, etc. STE 110
23 City & State FT. LAUDERDALE FL.	28 City & State FT. LAUDERDALE, FL.
24 Zip 33309 25 Country ~~BRAZIL~~ USA	29 Zip 33309 30 Country USA

4. FEI Number 65-0541911 ☐ 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	10. Name and Address of New Registered Agent
KAREN L. GRUNG 4730 CALHOUN ROAD PLANT CITY, FL. 33567	81 Name ALLAN SERCHAY, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 5310 NW 33 AVE STE 110 83 84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 ALLAN SERCHAY — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE 4-2-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	WOLF-HENNING KUHNE	12 NAME	
STREET ADDRESS	AUF DEM MUHLBERG 20	13 STREET ADDRESS	
CITY-ST-ZIP	D-60599 FRANKFURT/GERMANY	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HANNELORE KUHNE	22 NAME	
STREET ADDRESS	AUF DEM MUHLBERG 20	23 STREET ADDRESS	
CITY-ST-ZIP	D-60599 FRANKFURT/GERMANY	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	800001774698 ☐ Change ☐ Addition
NAME		52 NAME	-04/10/96--01006--022
STREET ADDRESS		53 STREET ADDRESS	***200.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	JR 4-9-96

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: X [signature] WOLF-HENNING KUHNE PRESIDENT/DIRECTOR 4/2/96 GH-49-89-624098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number