Mar 11, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

•	1999 DIVISION OF CORPORATIONS					03-11-1999 90056 010 ***158.75								
1, Corporation			8696		·									
SCHMID	T & PARTNER USA	A, INC.												
Principal Place	e of Business		Mailing Address					1 18811881 119	18101 B11(1 DB\$1(881E1 118	81 18419 8 8141	1819 WIII 1601	
3011 N.E. 57TH COURT FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308					18				DO NOT W	RITE IN	THIS S	PACE		
							03	te Incorporat /06/1995	ed or Qualife	ed		· · ·		
2. Principal Place of Business			a. Mailing Address				Number				A	oplied For		
21			26				65	<u>-0710551</u>					ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5Ce	rtifcate of St	atus Desired	X		*	Additional equired ====================================	
			City & State	State			6. Ele	ction Campa	aign Financir	ig m			May Be	
23	3						Tru	ist Fund Cor	tribution			Added	to Fees	
Zíp	Country						8. Thi	This corporation owes the current year Intangible						
24	25 29 3				0			Personal Property Tax.						
	9. Name and Addres	s of Current Reg	istered Agent		81		10, Na	me and Add	iress of Ne	v Registe	ed Ag	gent		
	NTZ, JEFFREY W				82	Name Street A	ddress (P.O.	Box Number	r is Not Acce	ptable)				
11900 BISCAYNE BOULEVARD														
	E #408				83								į	
NORTH MIAMI FL 33181					84	City		٠			FL		Code	
office or re	to the provisions of Section egistered agent, or both, m familiar with, and acce	in the State of Flo	rida. Such change was a	iuthorized	DV.	the corpo	orporation su ration's board	bmits this sta of directors.	atement for t I hereby ac	ne purpos cept the a	se of chappoint	nanging its ment as re	s registered egistered	
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F						nt signature re		ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.	OFFICERS AND DIRECTORS			13.				ITIONS/CH/	ANGES TO	OFFICER		☐ Change	ORS IN 12 ☐ Addition	
TITLE	PSTD DELETE				1.1 TITLE							☐ Citaliye	L_J Addition	
NAME	SCHMIDT, ELARD				1.2 NAME								ļ	
STREET ADDRESS 3011 N.E. 57TH COURT					1.3 STREET ADDRESS								1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308				1.4 CiTY-ST-ZiP 2.1 TITLE							Change	Addition	
TITLE			☐ DELETE								,	Change		
NAME				2.2 N/										
STREET ADDRESS						ADDRESS				,				
CITY-ST-ZIP			☐ DELETE			T-ZIP						Change	Addition	
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NAME				3.2 N/									Ĭ	
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CITY-ST-ZIP			☐ DELETE			ST-ZIP						Change	Addition	
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NAME				4.2 N										
STREET ADDRESS						T ADDRESS								
CITY-ST-ZIP			∏ nci cte			T-ZIP						☐ Change	☐ Addition	
TITLE			☐ DELETE	51 TI										

14. I 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 suppliemental annual report is five 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 tracker 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 officer like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition