

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

DOCUMENT # P95000024591 (6)

1. Corporation Name

ECKHARD III - INDUSTRIES, INC. (USA)



Principal Place of Business

2309 IDA WAY
WEST PALM BEACH FL 33415

Mailing Address

2309 IDA WAY
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 388 South Military Trail
Suite, Apt. #, etc.

22 c/o John Kurtz Attorney at Law

City & State

23 West Palm Beach, FL

Zip

24 33415

Country

25 Palm Beach

2a. Mailing Address

26 388 South Military Trail
Suite, Apt. #, etc.

27 City & State

28 West Palm Beach, FL

Zip

29 33415

Country

30 Palm Beach

4. FEI Number

☒ 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

BILLER, ECKHARD
2309 IDA WAY
WEST PALM BEACH FL 33415

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BILLER, ECKHARD
STREET ADDRESS 2309 IDA WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☒ DELETE
NAME NAMEK, JOUMANA
STREET ADDRESS 2309 IDA WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ DELETE
NAME BILLER, SONJA
STREET ADDRESS 194 WILLIAM ST
CITY-ST-ZIP DELHI, ONTARIO, CANADA

TITLE D ☐ DELETE
NAME BAKERJIAN, JACK
STREET ADDRESS 189 HOLLYBERRY
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA

TITLE D ☒ DELETE
NAME SANGH, MIKE
STREET ADDRESS 220 BRISTOL RD W
CITY-ST-ZIP MISSISSAUGA, ONTARIO, CANADA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C ☐ Change ☐ Addition
1.2 NAME BILLER, ECKHARD c/o John Kurtz Attorney at Law
1.3 STREET ADDRESS 388 South Military Trail
1.4 CITY-ST-ZIP West Palm Beach, FL 33415

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/S/T ☐ Change ☐ Addition
3.2 NAME BILLER, SONJA c/o John Kurtz Attorney at Law
3.3 STREET ADDRESS 388 South Military Trail
3.4 CITY-ST-ZIP West Palm Beach, FL 33415

4.1 TITLE V/M ☐ Change ☐ Addition
4.2 NAME BAKERJIAN, HAGOP c/o John Kurtz Attorney at Law
4.3 STREET ADDRESS 388 South Military Trail
4.4 CITY-ST-ZIP West Palm Beach, FL 33415

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

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:

BILLER, ECKHARD C.E.O.

April 17, 1996

(770) 438-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)