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 # **P95000044976 (5)**

NC

1. Corporation Name
SOUTH AMERICAN TECHNICAL AND CONSULTING, INC.
SOUTH AMERICAN AND EUROPE TRADING AND CONSULTING INC.

Principal Place of Business	Mailing Address
3212 S. OCEAN BLVD. UNIT 706-A HIGHLAND BEACH FL 33487	3212 S. OCEAN BLVD. UNIT 706-A HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2501 N.W. 74th AV.
Suite, Apt. #, etc
22
City & State
23 MIAMI
Zip 24 33122 Country 25 FL

2a. Mailing Address
26 2501 N.W. 74th AV
Suite, Apt. #, etc
27
City & State
28 MIAMI
Zip 29 33122 Country 30 FL

4. FEI Number: 65-0590385 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — **$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**
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	BAYER PETER	
STREET ADDRESS	SCHUSELKASTR. 4/12	
CITY-ST-ZIP	1150 WIEN, AUSTRIA	
TITLE	DIRECTOR	☐ DELETE
NAME	BAYER FRANZ	
STREET ADDRESS	HEDERICHGASSE 19	
CITY-ST-ZIP	1100 VIENNA, AUSTRIA	
TITLE	SECRETARY	☐ DELETE
NAME	CATHERINE BENNETT	
STREET ADDRESS	29 W 42nd	
CITY-ST-ZIP	07002 BAYONNE, N.J.	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001925997	☐ Change ☐ Addition
5.2 NAME	-08/20/96--01040--009	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	CNC 8/14/96	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: BAYER FRANZ [signature] 3.8.1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #