

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

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000048308 (7)**

1. Corporation Name:  
**TEFIS AG, INC.**



Principal Place of Business:  
**108 MAIN STREET  
 STAMFORD NY 12167**

Mailing Address:  
**108 MAIN STREET  
 STAMFORD NY 12167-1137**

3. Date Incorporated or Qualified: **08/19/1995**      3a. Date of Last Report: **03/28/1996**  
 4. FEI Number: **APPLIED FOR 14-1791687**      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

2. Principal Place of Business: 2a. Mailing Address  
 21. State, Apt. #, etc.: 26. State, Apt. #, etc.  
 22. City & State: 27. City & State  
 23. Zip: 28. Zip      Country: 30. Country  
 24. Country: 25. Country      29. Country: 30. Country

9. Name and Address of Current Registered Agent:  
**SEIM, ANDREW  
 7519 3RD AVE NW  
 BRADENTON FL 34209**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALBRECHT, DIRK</b>
STREET ADDRESS	<b>3546 RUSKIN AVENUE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BROSDA, ALEXANDER</b>
STREET ADDRESS	<b>108 MAIN STREET</b>
CITY - ST - ZIP	<b>STAMFORD NY 12167</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SEIM, ANDREW</b>
STREET ADDRESS	<b>108 MAIN STREET</b>
CITY - ST - ZIP	<b>STAMFORD NY 12167</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALBRECHT, DIRK</b>
STREET ADDRESS	<b>HAMBURGER STR. 103-B</b>
CITY - ST - ZIP	<b>HENSTEDT-ULZBURG, GERMANY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, 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: *Andrew Seim, Secretary*      8-5-97      841-7956622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)