SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secr∉tary of State 1996 **DIVISION OF CORPORATIONS** P95000049211 (2) DOCUMENT # GERMAN TECH INC. Principal Place of Business Mailing Address 7395 S.W. 42ND ST. 7395 S.W. 42ND ST. MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a, Date of Last Report 06/23/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0603976 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALGADO, CONCEPCION 7395 S.W. 42ND ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33155** 83 84 City 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, typic tion primed has e of registered agent and the trappicable (NOTE: Foligistered Agent signature required when reinstance) 12. OF FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE 11 BUE Change Addition SALGADO, CONSEPCION NAME 1.2 NAME STREET ADDRESS 7395 S.W. 42ND ST. 1.3 STREET ADORESS **MIAMI FL 33155** DITY-ST-ZIP 1 4 City - ST - ZiP THILE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP 31 TITLE TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAM3 STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY - ST - 7/P 600001902776ange Adminin TITLE DELETE Stille , NAME 5.2 NAME ***225.00 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+S1 - ZIP TITLE DELETE 61111,8 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - 7PP 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 1 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 sanic 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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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