

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 09 1997 8:00am
Secretary of State

DOCUMENT # P95000051314 (9)

1. Corporation Name
WINPEAK AMERICAS, INC.



Principal Place of Business
1804 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address
877 HWY A1A
UNIT 802
INDIALANTIC FL 32903-3024

2. Principal Place of Business
21 1801 S. Harbor City Blvd. Suite 600
22 Suite 600
23 Melbourne FL
24 32901 25 USA
26 Mailing Address
27 same
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified 06/30/1995
3a. Date of Last Report 11/19/1996
4. FEI Number 59-3328621
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

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D GRAU, JUERG ☒ DELETE
NAME GRAU, JUERG
STREET ADDRESS OBERE BAHNHOFSTRASSE 49, CH-9500 WIL SG
CITY-ST-ZIP SWITZERLAND
TITLE D NADLER, RALF ☐ DELETE
NAME NADLER, RALF
STREET ADDRESS OBERE BAHNHOFSTRASSE 49, CH-9500 WIL SG
CITY-ST-ZIP SWITZERLAND
TITLE V NIGGLI, SILVE ☐ DELETE
NAME NIGGLI, SILVE
STREET ADDRESS 877 HWY A1A, UNIT 802
CITY-ST-ZIP INDIALANTIC FL 32903
TITLE D Achilles Rupp ☐ DELETE
NAME Achilles Rupp
STREET ADDRESS Bachstr. 77
CITY-ST-ZIP 8887 Mels, Switzerland
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 Poststr. 4
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 ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

407 7260410

Daytime Phone #

0100183

CR2E034 (9/96)