

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055351 (7)

1. Corporation Name

K & P INVESTMENT, INC.



Principal Place of Business

C/O EURO-AMERICAN CONSULTING, INC.
400 FIFTH AVENUE SOUTH, SUITE 300
NAPLES FL 33940

Mailing Address

C/O EURO-AMERICAN CONSULTING, INC.
400 FIFTH AVENUE SOUTH, SUITE 300
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~GUUDRUN MARIA NICKEL, P.A.~~
~~350 FIFTH AVENUE SOUTH,~~
~~#200~~
~~NAPLES FL 33940~~

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

4. FEI Number

65-0607183

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

10. Name and Address of New Registered Agent

81 Name - RAINER FILTHAUT

82 Street Address (P.O. Box number is not acceptable)
400 Fifth Ave. South, #300

83 C/O EURO AMERICAN FIN. SERVICES

84 City Naples

FL

85 Zip Code
33940

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

Rainer N. Filthaut
Signature, typed or printed name of registered agent and title if applicable

Rainer N. Filthaut, Vice President

1/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BAUMGARTNER, PETER

STREET ADDRESS LINDENSTRASSE 13

CITY-STATE-ZIP D-85649 HOFOLDING GERMANY OC

TITLE VSD ☐ DELETE

NAME VON DE HOFF, KLAUS

STREET ADDRESS PERKHOFSTRASSE 6

CITY-STATE-ZIP D-80686 MUNICH GERMANY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

400001765554

-04/02/96--01007--029

***200.00

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:

Director
Signature and typed or printed name of signing officer or director

2/25/96

(541) 435 0247

CR2E034 (12/95)