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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # P95000060790 (9)

VOLTAMPER U.S., INC.



Principal Place	e or business	Mailing Address		a samismus som somme derne marke måsen dident fillst lidder i 1801.	BAII IŠČI
1100 LEE WAGENER BLVD. STE 327 FORT LAUDERDALE FL 33315		1100 LEE WAGENER BLVD. STE 327 FORT LAUDERDALE FL 33315			
				3. Date incorporated or Qualified 3a. Date of Last Report 08/03/1995	<u></u>
	lace of Business	2a. Mailing Address		4. FEI Number Apolic	ed For
	9 N.W 62 Ter		M. GR Tell	. 65-0614530 Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired     Section       Section      Section       Sectio	
_ 6 State	1 . 4	Cft & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 Ma	av Be
コプタイト	SIBNO FF	58 1-4 (K/U)	14, 04	Trust Fund Contribution Added to F	
4] <b>330</b> (		29 <u>33067</u>	30 U.S.A	8. This corporation has liability for intangible tax under s 199. Florida Statutes Yes No	.032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent	
AI EIEDI	D.1.11 D. E.0.0		81 Name		
Alfieri, Paul R esq. 1100 Lee Wagener Blvd. Ste 327			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
FORT LA	AUDERDALE FL 33315		83		
٣			84 City	FI 85 Zip Coc	de
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corpor	ntion number that the state of	ered offic
lamiliar wit	th, and accept the obligations of, Se	onda. Such change was authorize ection 607.0505, Florida Statutes.	ed by the corporation's boar	ation subtritis this statement for the purpose of changing its registe d of directors. I hereby accept the appointment as registered agen	nt. I am
SIGNATURE.					
	Signal we typed or protect name of registere Lag		TE: Registered Agent signature required		
12. HTLF	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
vAME	KOEHNLEIN, ROLF	DELETE	1 1 TITLE	☐ Change ☐	Addition
sange Sarér Ladoress - 1	6289 NW 62ND TERRACE		1.2 NAME		
DITY-ST-ZIF	PARKLAND FL 33067		1.3 STREET ADDRESS		
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4. For nereby 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 drector 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 changes, or on an attachment with an address.

SIGNATURE: ROLF KOEHNLEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.26.96

305-7860058