

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 # P95000066742 (4)

1. Corporation Name

AMERIKA HAUS, INC.



Principal Place of Business

Mailing Address

2843 SOUTH BAYSHORE DRIVE, SUITE F15
MIAMI FL 33133

2843 SOUTH BAYSHORE DRIVE, SUITE F15
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 1627 Brickell Ave.

26 1627 Brickell Ave.

22 Suite, Apt., etc.
2101

27 Suite, Apt., etc.
2101

23 City & State
MIAMI

28 City & State
MIAMI

24 Zip
FL 33129

29 Zip
FL 33129

25 Country

30 Country

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

4. FEI Number

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 THEUER MEISTER, WOLF

82 Street Address (P.O. Box Number is Not Acceptable)
1627 Brickell Ave. #2101

83

84 City MIAMI

FL

85 Zip Code 33129

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]

WOLF THEUERMEISTER ST

1/22/96

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME BAUMGARTNER, HEIDRUN
3. STREET ADDRESS 2843 SOUTH BAYSHORE DRIVE, SUITE F15
4. CITY-STATE-ZIP MIAMI-FL 33133
5. TITLE ST
6. NAME THEUERMEISTER, WOLF
7. STREET ADDRESS 2843 SOUTH BAYSHORE DRIVE, SUITE F15
8. CITY-STATE-ZIP MIAMI-FL 33133
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
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53. TITLE
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55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS 1627 Brickell Ave. 2101
4. CITY-STATE-ZIP MIAMI, FL 33129
5. TITLE ☒ Change ☐ Addition
6. NAME
7. STREET ADDRESS 1627 Brickell Ave. 2101
8. CITY-STATE-ZIP MIAMI, FL 33129
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE ☐ Change ☐ Addition
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

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 founded, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLF THEUERMEISTER 1/22/96 3720706 (305)

CR2E034 (12/95)