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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000069605 (0)**

1. Corporation Name

**PERLEBERG USA CO.**

Principal Place of Business

**212 NE 33 ST**
**FT LAUDERDALE FL 33334**

Mailing Address

**212 NE 33 ST**
**FT LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **09/05/1995**

3a. Date of Last Report:

4. FEI Number: **65-0609110** 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

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip / 24 County / 25

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip / 29 County / 30

9. Name and Address of Current Registered Agent

**CEPEDA, PATRICIA S**
**212 NE 33 ST**
**FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and/or 617.0505, Florida Statutes, the above-named corporation submits the above-listed for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Should this be a Profit Corporation, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: PERLEBERG, ACHIM
STREET ADDRESS: 212 NE 33 ST
CITY-ST-ZIP: FT LAUDERDALE FL 33334
☐ DELETE

TITLE: D
NAME: FRANKENHAUSER, MICHAEL
STREET ADDRESS: 212 NE 33 ST
CITY-ST-ZIP: FT LAUDERDALE FL 33334
☐ DELETE

TITLE: S
NAME: PATRICIA CEPEDA
STREET ADDRESS: 212 NE 33 ST
CITY-ST-ZIP: FT LAUDERDALE, FL 33334
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE / 3 NAME / 4 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE / 4 NAME / 5 STREET ADDRESS / 6 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE / 5 NAME / 6 STREET ADDRESS / 7 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE / 7 NAME / 8 STREET ADDRESS / 9 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(6)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

**SIGNATURE:** Patricia S Cepeda, Sec. 3/25/96 954 566 8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
PATRICIA CEPEDA

CR2E034 (12/95)