

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
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P95000082743 (2)

1. Corporation Name
GERMAN AMERICAN CONSULTING, INC.

Principal Place of Business:

1428 BRICKELL AVENUE
SUITE 105
MIAMI FL 33131
US

Mailing Address:

100 NORTH BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132-2304

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MILLER, REBECCA M
100 NORTH BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132

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 Sections 607.06(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent located 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 requirements of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of person who is authorized to execute this statement

Signature of person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DIRECTOR

NAME
D SEIPP, ULRICH
STREET ADDRESS
100 NORTH BISCAYNE BLVD., 21ST FLOOR
CITY- ST- ZIP
MIAMI FL 33132

TITLE ☐ DIRECTOR

NAME
D HALPRYN, GLENN
STREET ADDRESS
100 NORTH BISCAYNE BLVD., 21ST FLOOR
CITY- ST- ZIP
MIAMI FL 33132

TITLE ☐ DIRECTOR

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DIRECTOR

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DIRECTOR

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DIRECTOR

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY- ST- ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY- ST- ZIP

14. I do hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or annual consolidated report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 as an attachment with an address.

SIGNATURE

Signature of person who is authorized to execute this statement

DATE

CR2E034 (9/96)