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
May 13 1997 8:00am
Secretary of State

DOCUMENT # **P95000089046 (3)**

1. Corporation Name
ASKANIA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
12901-6 MCGREGOR BLVD. FORT MYERS FL 33919	12901-6 MCGREGOR BLVD. FORT MYERS FL 33919-4587

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business
21: 7695 Tamara Lee Ct.
22 Suite, Apt. #, etc.: # 102
23 City & State: Fort Myers FL
24 Zip: 33907
25 Country: Lee

2a. Mailing Address
26: 7695 Tamara Lee Ct.
27 Suite, Apt. #, etc.: # 102
28 City & State: Fort Myers, FL.
29 Zip: 33907
30 Country: Lee

4. FEI Number: 65-0631047 ☐ 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

9. Name and Address of Current Registered Agent

GOPEL, ANDREAS
12901-6 MCGREGOR BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: GOEPEL, Andreas
82 Street Address (P.O. Box Number is Not Acceptable): 7695 Tamara Lee Ct # 102
83:
84 City: Fort Myers FL 85 Zip Code: 33907

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: Andreas Goepel — Apr. 30. 97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition: PD
NAME	GOPEL, ANDREAS		1.2 NAME	GOEPEL, Andreas
STREET ADDRESS	12901-6 MCGREGOR BLVD		1.3 STREET ADDRESS	7695 Tamara Lee Ct #102
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL. 33907
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition: VD
NAME	GOPEL, PETRA		2.2 NAME	GOEPEL, Petra
STREET ADDRESS	12901-6 MCGREGOR BLVD		2.3 STREET ADDRESS	7695 Tamara Lee Ct # 102
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL. 33907
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Andreas Goepel 4-30-97 PD — 441 - 274-