

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094115 (9)**

1. Corporation Name  
**STROM, INC.**

Principal Place of Business

**9737 NW 41 ST  
#225  
MIAMI FL 33178  
US**

Mailing Address

**6180 NW 173 ST  
#620  
MIAMI FL 33015  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1995**

4. FEI Number

**65-0648135**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **680 NW 173 ST #**

Suite, Apt. #, etc.

22 **# 503**

City & State

23 **MIAMI FL**

Zip

24 **33015**

Country

25 **USA**

2a. Mailing Address

26 **18520 NW 67TH AVE**

Suite, Apt. #, etc.

27 **# 262**

City & State

28 **MIAMI FL**

Zip

29 **33015**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WEICHELBAUMER, HUBERT  
6190 NW 173 ST #620  
7TH FLOOR  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name

**HUBERT WEICHELBAUMER**

82 Street Address (P.O. Box Number is Not Acceptable)

**6180 NW 173 ST #503**

83

84 City

**MIAMI**

FL

85 Zip Code

**33015**

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, 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WEICHELBAUMER, HUBERT**  
STREET ADDRESS **1110 BRICKELL AVENUE 7TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

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