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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90265 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000094115 (9)
1. Corporation Name
STROM, INC.

Principal Place of Business

8737 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 6180 NW 173 ST #

Suite, Apt. #, etc.

22 # 620

City & State

23 MIAMI FL

Zip

24 33015

Country

25 USA

2a. Mailing Address

26 18520 NW 67TH AVE

Suite, Apt. #, etc.

27 # 202

City & State

28 MIAMI FL

Zip

29 33015

Country

30 USA

9. Name and Address of Current Registered Agent

WEICHELBAUMER, HUBERT
6180 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)

83 6180 NW 173 ST # 603

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 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 for the first time and in compliance with the provisions of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME HUBERT WEICHELBAUMER

1.3 STREET ADDRESS 1110 BRICKELL AVENUE 7TH FLOOR

1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 person 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. I am attaching an attachment with an address.

SIGNATURE:

HUBERT WEICHELBAUMER

04/11/98

(305) 439-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0127038

CR2034 (10/97)