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

PROFIT CORPORATION ANNUAL REPORT



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

1996

POCUMENT # P95000095220 (6)

i.	Corporation Name		
	DEAT MECONATIONAL	ILIO	

BEST II	NTERNATIONAL, INC.				
Principal Place	of Business	Mailing Address		- FIDOLOPOL (NA 1888) BIJLU 118/11 88(1)	1 83114 28416 18181 81116 11818 41811 8311 185 1
2313 N.E. 33F FT. LAUDERD		2313 N.E. 33RD AVE. FT. LAUDERDALE FL			
				3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FE Number 65-062601	Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u> </u> Zip 	Country	28 Zip	Country	8. This corporation has hability for	or intangible tax under s. 199.032,
<u>L</u>	25	29	30	Florida Statutes Ye 10. Name and Address of New	es No
	9. Name and Address of Cui	rrent Hegistered Agent	81 Name	IV. Name and Address of New	Madisterac Wallt
ĈTHED 1	WOLFGANG				
	E. 33RD AVE.		82 Street Add	ress (P.O. Box Number is Not Accepta	able)
	DERDALE FL 33305		83		
· · · · · · · · ·	DE 1107 EE 1 E 00000		84 City		85 Zip Code
				ration submits this statement for the p rd of directors. I hereby accept the ap	FL
GNATURE _	th, and accept the obligations of, s Styriature, typed or printed name of registered.	agent and title I applicable	NOTE: Rigistered Agent signature resource		DA'L
2.	OFFICERS D	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12 Change
LE ME	STUER, WOLFGANG		1.2 NAME		El suange El riagnos
ree i address	2313 N.E. 33RD AVE.		1.3 STREET ADDRESS		
IY-S1-ZIP	FT. LAUDERDALE FL 3330				
LE	D	DELETE	14 C-1Y - ST - ZIP 2 1 TITUE		Change Addition
ME	BESUCH, ANDREAS		2.2 NAME		
REET ADDRESS	2313 N.E. 33RD AVE.		2.3 STHEET ADDRESS		
TY-ST-ZIP	FT. LAUDERDALE FL 3330		2.4 CITY - S1 - ZIP		— — — — — — — — — Addison
Lf £		☐ DELETE	3 1 WILE		Change Addition
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST-ZIP		
TY-ST-ZIP ILE		[] DELFTE	4.1 ITTLE		☐ Change ☐ Additio
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
TY-ST-71P			4.4 CITY - ST - ZIP		
TLE		☐ DELF16	5 1 THEF		Change Additio
AME			5.2 NAM:		•-
REE1 ADDRESS			53 STREET ADDRESS		
TY-SI-ZIP		☐ DELETE	54 0 TY - \$1 - 7 IP		Change Additio
ILE		☐ DETELE	6 1 TITLE 62 NAME		
AME			6.3 STHEFT ADDRESS		
TREET ADDRESS			6.4 CITY - \$1 - ZIP		
ITY-ST-ZIP	y certify that the information supp	lied with this filing is voluntarily for	umished and does not qualify.	for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further
				ate and that my signature shall have this report as required by Chapter 607,	
appoars is	Block 12 or Block 13 if changed	, or on an attachment with an ac	ddress.	. , , , , , , , , , , , , , , , , , , ,	
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SIGNAT	TUDE.		WOLFGADE Stue	R 3-14-96	